Clinical Lecture
ON
POPLITEAL ANEURISM.

Delivered at the Queen's Hospital, Birmingham.

BY JAMES F. WEST, F.R.C.S. (EXAM.),
SENIOR SURGEON TO THE HOSPITAL.

GENTLEMEN,—The case of popliteal aneurism which I am about to bring under your observation is noteworthy as affording in itself an almost complete epitome of the different modes of treatment, both internal and external, now adopted for that disease. I will read the notes of the case, from which you will perceive that low diet, rest, digitalis in full doses, the application of ice, the administration of acetate of lead, flexion, instrumental compression, and, lastly, digital compression, were each in succession employed without producing any permanent benefit; and that at last, after the failure of these various measures, each of which has its advocates, and has been known to prove highly successful, the Hunterian operation, or ligature of the femoral artery some distance above the seat of the aneurism, was had recourse to, and sufficed to effect a cure.

Robert K——, blacksmith's striker, aged twenty-eight, was admitted March 17th, 1868, with popliteal aneurism. About the Christmas previous he felt a constant aching pain in his right popliteal space, for which he could assign no specific cause, except that his work is very laborious, and that while engaged at it he stood with his back opposite to a large fire, from which there was a great heat. A fortnight afterwards he noticed a small tumour, of the size of a marble, in the ham. It gradually increased, till it became as large as a hen's egg, and then he for the first time noticed pulsation in it. Pain now began to shoot from the popliteal space up the centre of the back of the thigh, and down the back of the leg to the outer malleolus, and it was aggravated at night. Numbness, with occasionally a pricking sensation, was felt at the outer part of the right ankle, and the right foot appeared colder than the left. At the present time pain is not felt in the popliteal region except the tumour is handled, or when the limb has lain long in one position. The superficial veins of the leg are congested, and there is slight œdema below the knee. The tumour is oval in shape, as large as an orange, gives very marked sense of pulsation and a dilating impulse to the fingers, which ceases when the femoral artery is compressed. A bruit is distinguished in it by the stethoscope. Firm pressure on the tumour and on the femoral above the tumour causes it to disappear.

	Right side.	Left side.
Circumference of limb at centre of thigh ...	18in.	17in.
,, ,, knee, over patella	15in.	12½ in.
,, ,, calf of leg	14½ in.	11½ in.
,, ,, below malleoli ...	10½ in.	10in.

The patient is a short, thick-set man, of plethoric habit, florid complexion, sanguine temperament; has hitherto enjoyed excellent health, and is of a healthy family; has never had syphilis or taken mercury; drinks ordinarily a fair quantity of beer, but no spirits, and considers himself a temperate man; pulse 90, full and bounding; appetite and digestion good. He was ordered to remain in bed, and to have broth diet. To take an opiate each night, with a view of relieving pain; and a full dose of compound jalap powder each morning. The limb to be bandaged, and the region of the knee to be kept cool by spirit lotion.

March 20th.—Flexion treatment commenced: the leg being flexed on the thigh, and fixed in that position by a strap which extended from the heel of his slipper to a belt which was placed round the waist. Bandages, beginning at the toes, were carried up to the middle of the thigh, so as to prevent swelling of the limb. About twenty minutes after flexion was commenced great pain was felt radiating from the popliteal space, both upwards and downwards; but in about half an hour after this the pain diminished, and the limb became easier in the flexed position than it had been before. He was ordered to continue on low diet, and to have tincture of digitalis, in half-drachm doses, three times a day. In the evening the tumour felt a little firmer, but the pulsation was not less distinct.

21st.—Flexion is borne well; pulse 74. Temperature of right popliteal space, 97½°; of left, 96½°. Left posterior tibial pulse 80, full; right 80, weak.

	Right.	Left.
Measurement at middle of thigh	18 in.	17 in.
,, over patella	15 in.	12½ in.
,, ,, calf	14 in.	12 in.

A bag of ice to be applied over the tumour.

22nd.—Flexion is causing some pain and increased swelling in the lower part of the thigh; superficial veins more prominent. The digitalis does not seem to have produced any effect. Pulse 96, full and bounding; skin hot, but moist; tongue furred; bowels confined. To continue the use of digitalis, and also flexion and ice, and to take ten grains of compound colocynth pill at once.

23rd.—Pulsation less distinct; pulse 84, still full; leg flexed a little more.

24th.—Sleeps well; says he feels perfectly comfortable, and has scarcely any pain in the leg. Pulse 72, less bounding. The leg to be more flexed on the thigh.

25th.—Little or no pulsation can be felt in the tumour. The œdema of the leg and foot are considerably diminished, and the superficial veins are not so prominent. Has no pain in the limb. Flexed position still maintained, and ice applied.

	Right.	Left.
Measurement at lower third of thigh ...	15¼ in.	15 in.
,, ,, knee over patella	16¼ in.	12½ in.

To take a draught, consisting of dilute acetic acid, five minims; tincture of digitalis, fifteen minims; acetate of lead, two grains; water, one ounce: three times a day.

29th.—Symptoms as before. Flexion well maintained, and without inconvenience to the patient. Ice caused considerable pain, and was therefore discontinued last night.

April 1st.—Upon extending the limb to-day for the first time, I found that the pulsation in the tumour was as forcible as ever, and that its size was little altered, while there was an increase of swelling and pulsation in the situation of Hunter's canal. I therefore ordered the flexion plan to be discontinued, and a horseshoe tourniquet to be applied lightly over the common femoral. Pressure was borne with great pain for an hour; but the tourniquet was then obliged to be discontinued, and then the pulsation was as marked as before.

During the next four days attempts were made to apply the compression plan; but the tourniquet could never be borne for more than an hour or two in consequence of the severe pain it produced in the limb. The limb was during this time bandaged, and placed on a pillow on its outer side, the leg being moderately flexed on the thigh, as that position gave the patient greater ease.

10th.—Digital compression of the femoral artery was applied for two hours. It was borne without much pain; but, on its discontinuance, the limb was more painful than before.

11th.—Digital pressure again applied for two hours, but with the same result.

12th.—Digital pressure applied for one hour. No reduction of the size of the tumour, or diminution of the pulsation in it, followed the use of the digital pressure.

15th.—As neither the constitutional nor local treatment seemed to have any effect on the tumour, but that it gradually enlarged, particularly in the direction of Hunter's canal, and that it became more painful, I determined, after consultation with my colleagues, to ligature the superficial femoral at the apex of Scarpa's triangle. I commenced my incision about four fingers' breadth below Poupart's ligament, and carried it downwards three inches in a direction parallel to the vessel. After a careful dissection, the inner margin of the sartorius muscle was exposed; and this having been turned outwards, the sheath of the vessel was brought into view. I made a very small horizontal incision into it, and then carefully passed the aneurism needle under the vessel from within outwards. The artery was then tied, with the effect of completely arresting pulsation in the tumour. One small vessel required a ligature during

the operation, as the blood from it obscured the parts. The edges of the wound were brought together with three points of silver suture, and the limb ordered to be placed in a semiflexed position and enveloped in cotton-wool. In the evening he appeared comfortable. Pulse 87; respiration 21; temperature 99°. The temperature of the limb was excellent. Ordered a morphia draught, and low diet.

16th.—Has had a good night. Temperature of right limb quite restored, and even higher than that of the left. Complains of thirst; tongue furred; pulse 100; respiration 27; temperature 102°. Ordered effervescing saline draught.

17th.—Passed a comfortable night, and makes no complaint, except that of feeling pain in the foot and up the leg as far as the calf. Pulse 100; respiration 21; temperature 101°.

18th.—There is a slight erythematous flush over the middle of the thigh, especially along the course of the vessel, below the point where the ligature was applied. Wound is suppurating freely. Pulse 110; respiration 21; temperature 102°. Ordered warm-water dressing in place of dry lint.

19th.—Going on well in every respect. The erythematous blush has almost disappeared. Pulse 90; respiration 20; temperature 100°. To have light pudding.

22nd.—Improving both constitutionally and locally. No pain; wound contracting rapidly. Tumour in the ham feels firmer, and is considerably diminished in size. The ligature applied to the small vessel came away to-day; the sutures were removed, and strapping applied.

28th.—Wound perfectly healed, except at the point where the femoral ligature protrudes. General condition good. To have a mutton chop.

May 9th.—The ligature on the femoral artery came away.

During the next week the discharge from the wound became gradually less, and by the 16th stopped altogether. A little swelling then began about the middle of the thigh, over the femoral artery, which by the 24th got as large as a hen's egg, and it felt very hard and tender on pressure. The wound then began to discharge a little. Lead lotion was applied to the enlargement, and perfect rest enjoined. Under this treatment the swelling became smaller and softer. By June 1st it had quite gone, and the wound had ceased discharging. He reported himself as feeling quite well, and was allowed to get up. The tumour in the popliteal space felt much firmer and smaller, and had no trace of pulsation. The limb was stiff at first, but after a few days he was able to walk with comfort; and about the middle of June I allowed him to leave the hospital.

This, gentlemen, is a typical case, as regards its history and symptoms, of true aneurism, resulting spontaneously without any strain or other injury, and probably due to an atheromatous condition of the popliteal artery. Its insidious approach is noticeable. Probably the coats of the vessel gave way gradually from within outwards, until only the firm fibrous outer coat remained; but this becoming expanded by the constant impulse of the current of blood, allowed a pouch-like tumour to form in the ham, which first attracted attention when it produced pain by pressing on the surrounding parts, and notably on the popliteal nerve.

You will find that aneurisms in this situation, even when small, cause much greater pain than femoral or inguinal aneurisms of much larger size. You recently had an opportunity of seeing, in the case of Henry B——, who had a large aneurism in Scarpa's triangle, how little suffering was experienced by the patient with a tumour as large as a child's head; while this man was constantly in most acute pain from the pressure which this comparatively small tumour exercised on the nerve lying in its immediate vicinity.

The ham is the most common site for surgical aneurisms, and this is due to two causes—First, because the popliteal artery here lies almost in contact with the knee-joint, and is, therefore, exposed to inordinate flexion and extension when vigorous movements of the limb are made, as in riding, running, or jumping; second, because at this point the popliteal artery here divides into two main branches, the anterior and posterior tibial arteries—and all aneurisms seem to choose as their favourite habitat a point where an artery either divides or else gives off an important branch. Most commonly you will find on inquiry that the patient can recall some period of great exertion when the aneurism appeared to take its rise; but in this man nothing of the sort could be remembered, although from the nature of his trade it is highly probable that the violent muscular efforts he was called on to make were sufficient to cause a giving way of the vessel at a point where it was already weakened by a constitutional disease.

Now what do you think would have been the course of this aneurism if left to itself? What, in fact, is the natural history of these aneurismal tumours? You will find that these tumours occasionally cure themselves if they are left alone, and from the consideration of the means by which Nature effects a cure in such cases, you may learn how most effectually to direct your efforts to the same end.

There are four principal ways in which an aneurism may, unassisted by surgical aid, put an end to itself.

1. A clot may be dislodged from the interior of the aneurismal sac, and become impacted in the vessel on which it is situated, at some point above the aneurism.

2. The sac may become so large as to press upon the artery above the aneurism, and so prevent the passage of blood into it.

3. Plastic inflammation may arise either within or around the sac, and this may lead to coagulation and consequent consolidation of the blood in the interior of the aneurism.

4. Suppuration or gangrene of the sac may take place. When the sac bursts from either cause, a great gush of blood would naturally occur, from the effects of which the patient would faint. While in this condition, clots may form in the proximal and distal ends of the artery, which would prevent any further loss of blood; and in time the parts would fill up with healthy granulations, and so the aneurism become obliterated.

Now attempts have been made to cure aneurisms on each of these principles.

1. Thus, following the first plan, Sir Wm. Fergusson has recommended the treatment of aneurisms by manipulation, and he has succeeded in several cases in dislodging a portion of clot from the interior of the sac, and in getting it impacted in the aperture by which the blood enters the aneurism.

2. The next mode in which Nature cures an aneurism—i. e., by pressing on the vessel at some point above the seat of disease—is imitated in the various modes of treatment by compression. Thus it has been proposed to arrest the circulation *altogether*, and this plan, according to Dr. Mapother and other surgeons, has been very beneficial in many cases; or to moderate the force of the current of blood through the aneurism, so as to allow time for the deposition of clot within it, and its subsequent conversion into organised tissue, by which the cavity in the course of the vessel may be filled up. Compression has been effected by various instruments (tourniquets), by flexion of the limb, or by pressure of the thumbs; but in whatever way it is employed, the object is always the same—namely, either to prevent the access of blood to the aneurism, or to moderate the force of the circulation through it. The plan of instrumental compression was suggested by Hutton and Bellingham, and has been chiefly advocated by the Dublin school of surgery; that of digital pressure has been most successful in the hands of Professor Vanzetti, of Padua; while the treatment by flexion owes its origin to Mr. Ernest Hart, and has been ably advocated by him as specially applicable to cases of popliteal aneurism.

3. The third means which Nature sometimes, though rarely, employs for the cure of an aneurism—that by inflammation and consequent consolidation of the parts within the sac—has its analogue in the use of such measures as the application of ice or refrigerating mixtures, in galvano-puncture, and in coagulating injections. All these plans are apt to fail from our inability to produce more than mere coagulation of the blood within the sac, instead of that deposition of firm, fibrinous, laminated clot by which true aneurisms can alone be obliterated. Galvano-puncture and coagulating injections are equally open to objection from their tendency to set up such an amount of inflammation as may lead to suppuration or even to gangrene of the sac and its contents.

4. This brings us to the last way in which aneurisms may be cured naturally—that is, when, by excessive tension of the surrounding parts, or by suppurative or gangrenous inflammation within the sac, the aneurism bursts and discharges itself. This mode was closely imitated by the surgeons of past ages, who boldly laid open the sac, turned out the blood, and secured the artery at the point from which the aneurism appeared to spring. This practice was uni-

versally followed until the superior advantages of the Hunterian mode of applying the ligature became known. It has recently, however, been revived, in a modified form, by Professor Syme, and practised by him with great success in cases of gluteal, axillary, and inguinal aneurism. The aneurism is opened cautiously with a knife; first one finger, and then, if necessary, the others are introduced, and the point from which the aneurism springs having been reached, it is commanded by the pressure of the forefinger. The sac is then rapidly laid open, the clots turned out, and the vessel secured just above, and also just below, the aneurismal pouch. A remarkable case of this sort, in which a large femoral aneurism burst, is recorded in the last volume (50) of the Medico-Chirurgical Society's Transactions, by Mr. John Birkett, of Guy's Hospital, in which he successfully ligatured the femoral artery at the seat of disease. The whole case is full of interest, and Mr. Birkett's remarks upon it are well worthy of your perusal. This plan of treatment is, however, prone to fail from the extreme probability of secondary hæmorrhage when the ligature separates from the artery. The coats of a vessel that is extensively affected by atheroma will rarely close and become united after the application of a ligature. The nearer the ligature is applied to the aneurismal tumour, the greater is the probability of that part of the vessel being in an atheromatous state, and consequently so much the greater is the risk of hæmorrhage when the ligature comes away.

John Hunter merits the gratitude of all surgeons for having introduced his plan of ligaturing the artery some distance above the seat of disease, and his mode of treatment is now generally practised. It is in accordance with the principles which he first enunciated that you have seen this case brought to a successful issue. By following them, popliteal aneurism, which was once looked upon as a most fatal disease, may now be treated safely and with the most gratifying results. The femoral artery at the apex of Scarpa's triangle is quite superficial, and does not give off any considerable branch. The application of a ligature in that situation is therefore far from difficult, and it may be looked upon as affording an excellent prospect of a favourable result. Thus, of 110 cases collected by Dr. Crisp, only 12 proved fatal; while Professor Syme tied the femoral artery 23 times without losing a single case.

I have hitherto said nothing of the internal treatment to be adopted in cases of popliteal aneurism. Little can, indeed, be said in its favour. Digitalis and acetate of lead are the chief remedies now in use. The former from its tendency to moderate the force of the heart's action, and the latter from its property of inducing coagulation of the blood, have special claims on our notice; but the time occupied in bringing them into use is often of great importance, and might be more profitably occupied in putting in practice some of the more directly acting external modes of treatment which I have indicated. It may be useful to employ one or both of these remedies while putting in practice either compression or flexion; but I would not recommend you to rely on them solely. Both were used in this case without perceptible advantage. The same may be said of the outward application of ice. It is thought to have the power of promoting coagulation of the blood, and of reducing the bulk of the aneurism; and it may in some cases prove useful; but when employed by itself, I consider it as unreliable, and it is often, as with this patient, productive of great pain.

It remains now to consider briefly those operative measures which were adopted in this case, in order to help you to form a conclusion as to their respective merits. The various modes of compression were all used.

Flexion was the first method employed; but, although it is often exceedingly useful in this form of aneurism, it did not suit this patient. There has recently been afforded you an excellent opportunity of seeing its good effects at the General Hospital in a patient who was under the care of my friend Mr. Bartlett. In the case before us now the process was continued for eleven days, the patient submitting cheerfully to it, although at times it caused him considerable pain; but at the expiration of that time it was given up in consequence of the size of the aneurism having increased in the direction of Hunter's canal, and of the œdema of the limb being rather aggravated than diminished. I would not, however, discourage you from trying the flexion plan of treatment; it is simple, easy of application, and is, as a rule, better borne by patients than mechanical compression.

The tourniquet was next used, the amount of pressure employed being very moderate, in consequence of the excessive pain it caused. The situation of it was frequently changed, but at no point could it be borne for more than an hour at a time. Its application at intervals was persevered with during five days, but it produced, as might have been anticipated from the patient's inability to submit to its thorough employment, little, if any, appreciable diminution of the aneurism.

Digital compression was then had recourse to. It was borne better than instrumental compression; but yet it failed to produce any marked benefit. It was used for two hours on April 10th, again for two hours on the 11th, and for one hour on the 12th; and it may, therefore, be said to have had a fair trial. It is undoubtedly useful in cases of carotid aneurism, where mechanical compression cannot be safely employed; but I do not think it very suitable for popliteal aneurism. One grave objection to its use is that a large number of trained assistants are required, if complete, or even if partial, compression is to be kept up for any length of time. The thumbs soon become tired, and therefore incapable of keeping up efficient pressure, even should the patience of their owners be not exhausted at the same time by the monotony of the task.

Flexion, instrumental, and lastly digital compression, having failed, I proceeded, as a *dernier ressort*, to ligature the femoral artery at the apex of Scarpa's triangle.

The operation might, you will perhaps say, have been performed earlier, and so valuable time might have been saved, and the patient would have avoided considerable suffering. But I think that, after the excellent results which have attended the various methods of treatment by compression in the hands of able surgeons of great experience, I should not have been justified in operating without first giving the patient the chance of being relieved by one or other of them. Although neither method was successful, I am not disposed to discard them; and I should employ them again in any similar case in the same order as I did on this patient. I strongly recommend you to adopt the same course in your practice. Ligature of the femoral artery is a comparatively easy operation, and can be performed at any time, should you find that the other means at your disposal have failed; but it should not be done before they have been tried.

One caution I must give you, in conclusion, in reference to the treatment of the case after the operation. It is that you should not be too anxious for the ligature to come away, and therefore that you are not to be pulling at it day after day, as I have seen done, to ascertain if it is ready to come away. In this case it did not separate till the twenty-fourth day, and then it was discharged without any traction being made upon it. By avoiding traction of the ligature you greatly diminish the danger of secondary hæmorrhage.

ABSCESS OF THE LIVER.

A NEW TREATMENT, EMPLOYED SUCCESSFULLY IN FOUR CASES.

BY H. BLANC, M.D., M.R.C.S., F.R.G.S., &c.,
STAFF ASSISTANT-SURGEON, BOMBAY ARMY, ETC.

HEPATITIS could very correctly be designated a phlegmon of the liver—an expression not only correct if we consider the symptoms, duration, march, &c., but (a fact of much importance to the subject under consideration) applying also to the termination. Like all phlegmonous inflammations, hepatitis terminates either by delitescence, resolution, or abscess; the tendency to suppuration being, however, the rule, the essential character of this as well as of all phlegmonous inflammations arrived at a certain stage of their development.

It is generally admitted that hepatic abscesses are a frequent consequence of inflammation of the liver; and I may venture to say, that if other diseases affecting the right side were not frequently mistaken for hepatitis, the proportion

of abscesses of the liver to hepatitis would be far greater than it actually seems to be. Hepatitis, apart from this tendency to suppuration, is not a dangerous disease; inflammation of the liver *per se* is a far less serious affection than are many ordinary ailments: and were it not for that much-dreaded termination, abscess, hepatitis might be ranged amongst the most trivial of all inflammations; and, far from being one of the greatest evils of tropical climates, it would, as it does in some cases, pass off almost unperceived. The fear of possible suppuration is so great, that some distinguished practitioners from the very beginning are guided in the treatment by this eventuality: "Beware of giving calomel," says Dr. Morehead, "after the first few days, because it tends to bring on the formation of pus."

The prognosis given by all authors on diseases of the liver is always made subordinate to the probability or otherwise of the formation of pus: favourable, even highly so, when delitescence or resolution is still possible; desperate, when an abscess is supposed to be either present or unavoidable. "It is little indeed that we can do for the unhappy sufferer from hepatic abscess." (Sir Ranald Martin: Diseases of Tropical Climates.) "The treatment of suppurative inflammation of the liver is very unsatisfactory." (Budd: Diseases of the Liver.) "It is clear," says Watson, "that, from the size of the organ and from its situation in the body, an abscess in the liver can never be otherwise that greatly hazardous." Similar opinions might be extracted from any book treating of the diseases of the liver, and from every author on the practice of physic. Morehead, Annesley, Hooper, Harpel, Grisolle, Andral, &c., are all unanimous as to the great danger of hepatic abscesses; their prognosis being entirely subordinate to this fact alone.

Hepatitis we know is a frequent disease in India. According to the statistics given by Dr. Morehead, the proportion of hepatitis to strength is about 7·4 per cent.; and in the hospital statistics of European and native troops collected by Dr. Coles, we find that nearly 10 per cent. of the deaths registered amongst Europeans in India during four years from 1856 to 1860 are due to diseases of the liver. The following is an extract from Dr. Coles' report on the registered mortality in the Bombay Presidency for the period extending from 1856 to 1860:—

"From diseases of the liver—

	Died
European troops	239
Native troops	68
Prisoners in jail	16
Police force	12"

We may naturally infer, although no statement to that effect is given, that a large proportion of the above-mentioned deaths were due to abscesses of the liver.

The two facts, *danger* and *frequency* of hepatic abscesses, being ascertained, let us consider the resources we possess to contend with this formidable disease. The truth is that we have none of any value, none upon which we can rely. I can but repeat here what I have just said whilst speaking of the prognosis of hepatitis, and join Dr. Budd in his conclusion that the treatment of suppurative inflammation of the liver "is very unsatisfactory."

In presence, therefore, of a frequent and dangerous disease, and one without treatment, where even the advocates of that falling idol, calomel, declare, in their despair, that this would-be panacea of all diseases of the liver does more harm than good, I will venture to bring under the notice of the profession a remedy that has proved successful in the few cases in which it has been applied. The treatment I propose is based on the physiology and pathology of phlegmonous abscesses; I will therefore briefly recall here their principal features, in order to make the subject better understood.

"Pus," not being a normal liquid, must sooner or later either be absorbed, transformed, or expelled. The transformations of pus are numerous, varying with the extent of the purulent collection, the locality, the nature of the tissues affected, &c. Expulsion, we know, generally takes place through disorganisation of texture or by ulcerative inflammation. If an abscess is situated externally the process of expulsion by ulcerative inflammation, or, simpler still, by surgical aid, is, as a rule, Nature's or art's adopted mode of evacuating any such collection of purulent matter. When an hepatic abscess is superficial, owing to the nature of the tissue affected, the same natural or artificial evacuation of the abscess is, even under the most favourable circumstances, far from being satisfactory, and when the hepatic abscess is deeply seated any surgical interference is justly condemned. Absorption of pus consists in a separation or decomposition of the liquid, and its disappearance without disorganisation of tissue.

If an hepatic abscess is, in many respects, similar to a phlegmonous abscess, absorption will follow the same rule in both, and lead to the same results. In a phlegmonous abscess the process of absorption is as follows:—1st. Absorption of the part formerly liquid. 2nd. Liquefaction of the pus-globules. The pus-globules are first of all decomposed into granules, and then into almost homogeneous liquid, until they finally disappear.

The most favourable conditions for the absorption of a phlegmonous abscess are—

1st. General health good or not seriously impaired.

2nd. Good local capillary circulation.

3rd. Increased urinary or intestinal secretions.

To these general rules we find some exceptions, and absorption taking place under very different circumstances. For example, large abscesses have been observed to disappear under the influence of a metastasis or of a violent, deep perturbation of the general system,—such as is produced by cholera, confluent small-pox, typhus, &c. It is probable that, if any of these violent perturbations occurred in a case of hepatic abscess, we might here also observe the disappearance of the abscess; but, as they are by themselves highly fatal diseases, our hopes of an ultimate recovery would be limited indeed. But we meet frequently with cases in which the most favourable conditions for absorption are one and all present, nevertheless the abscess does not disappear. At first sight this might appear paradoxical; however, it is not so. In a healthy subject, with free circulation and secretions, rendered more active by well-directed therapeutic agents, absorption often takes place; but to no purpose. It is the old story of the labour of Sisyphus—absorption and secretion are both present, but one neutralises the good effects of the other: the abscess remains, nature and science have both failed, health in a short time gives way, secretion then gains on absorption, and the abscess increases. The time comes when the anæmic blood can no more stimulate sufficiently the capillary system; the strength is wasted, the digestion impaired, the kidneys can no more eliminate metamorphosed pus-globules, and in their turn add their own unhealthy secretions to the already gloomy picture. This is no ideal description, but one of every-day occurrence—one no Indian practitioner has not seen over and over again. When the last stroke is added, and the abscess bursts internally or externally, what possible hope remains to the unfortunate sufferer?—and what can science do when death has already marked its victim?

The object of this paper, and the remedy proposed, have both in view the cure of hepatic abscess by absorption. To obtain this desirable end, one thing above all is necessary—that the secretion of pus should be stopped; otherwise, in whatever favourable condition the patient may be placed, we shall always fail. We may at first hope against hope; but the end, the fatal end, will be always the same. If we allow secretion to persist, or if it perseveres in spite of our endeavours, we must no more look for recovery by the process of absorption, but trust to some unforeseen circumstance—to one of those fickle fancies of Nature,—and hope that, if the abscess discharges its contents, it will not for once follow the general rule and prove but the fatal termination of our patient's sufferings.

Before we proceed further, we must say a few words on the membrane in immediate contact with the pus. The lining membrane of a phlegmonous abscess, if we do not place it so high in the primary formation of pus as did Hunter and Delpech, constitutes, however, when once the abscess is formed, a secreting organ. Constantly and without intermission, like a regular secreting gland, the pyogenic membrane pours into its cavity the pus blastema, from which are formed the pus-globules by a special and unknown transformation of proteine and fibrine. But let us now consider the same membrane in a more favourable light. All it requires to become as useful as it was disastrous, is to be so modified in its secretions that, with the same elements, instead of secreting pus blastema, it will generate plastic lymph, reorganise what has been destroyed, fill up the vacuum left by

the lost tissues, and ultimately itself disappear after completing the work of restoration. Nor is it impossible to bring on this change, and transform pus blastema into healthy plastic lymph. The inflammation which will succeed to the first will hardly vary in intensity; it will not react unfavourably on the system, and however large the secreting surface may be, scarcely will the pulse beat quicker; it will pass as a good deed, unknown! But this is not all; pus will no more be secreted, and at the same time absorption will be stimulated. The new life given to the pyogenic membrane will extend its influence to the whole immediate capillary system. Restoration and absorption work thus hand in hand, urged on together by the same beneficial influence. On this combined effect is based the treatment I have followed. Instead, however, of a good local circulation, general health little impaired, and free secretion, conditions I have given as the most favourable for absorption to take place, I do not fear to accept, as I did, even the opposite conditions; as no sooner will plastic inflammation have modified the abscess than under that influence alone the cause of all anxiety will vanish, and with the disappearance of the local morbid condition the general health will soon be restored.

(To be continued.)

ON A CASE OF

FRACTURE OF SKULL, FOLLOWED BY PULSATING FLUID TUMOUR OF SCALP, AND ESCAPE OF CEREBRO-SPINAL FLUID.

BY J. WARRINGTON HAWARD, F.R.C.S.

THE following case occurred in the practice of Mr. W. H. Gardner, of Gloucester-terrace, through whose kindness I saw it.

W. G——, a child nineteen months old, healthy and intelligent, fell head foremost through a skylight on to a wooden floor, a distance of fifteen feet below, where he was found a few minutes afterwards in an insensible condition. He remained quite insensible for about twenty minutes, and then gradually began to show signs of consciousness, but was drowsy and inactive for the next twenty-four hours, after which he regained his usual condition of intelligence and activity. There was no bleeding from the ear or nose, nor vomiting, nor did the parents at first detect any injury of the head besides a slight bruise over the right temple. After about an hour, however, they observed a swelling over the right eyebrow and the portion of forehead above it, which, after a few hours had elapsed, had extended upwards to the extent of three inches, and which continued steadily to increase in prominence. After four or five days the corresponding upper eyelid became swollen, and at the end of a week the palpebral conjunctiva became everted by the distension of the lid, so that the eye could not be seen. No hæmorrhage or swelling was observed beneath the ocular conjunctiva. The swelling day by day became more tense and transparent, but the child did not seem to suffer much pain. He frequently rubbed the side of his head and mastoid region with his hand, and was at times unusually fretful; but took his food well, played with his toys, and seemed in otherwise good health.

The parents, in addition to the history given above, informed me that he had been in much the same condition up to the time that I first saw him, which was on Sept. 5th, six weeks after the accident, when his condition was as follows. He is a well-nourished child, not rickety, rather pale, and with a head rather large posteriorly. He is as intelligent and active as other children of the same age, but rather fretful. Over the right brow, and the forehead above it, is a transparent fluid swelling, which is about an inch in height, of the width of the orbital arch, and extending from the brow to the position of the coronal suture. This swelling is tense and fluctuating, and, on gently keeping the hand on it, can be felt to pulsate distinctly. When examined against a light (after the manner of a hydrocele of the scrotum), its contents appeared to be entirely fluid. It cannot be perceptibly reduced by pressure, the attempt causing, however, some discomfort to the child; and it is decidedly rendered more tense when the child cries. The swelling extends downwards from the brow into the upper eyelid, which is very tense; and the palpebral conjunctiva is a good deal everted on to the face; the eye cannot be seen. On pressing steadily with the fingers upon the tumour, a sensation is obtained as of an edge of bone near its outer margin over the brow; but the tumour is so tense that no bone can be distinctly felt beneath it. The tongue is clean, skin cool, temperature normal, pulse normal, and bowels regular. There has been no convulsion nor sickness.

The child had been seen a short time previously (in consultation with Mr. Gardner) by Mr. Barnard Holt, who thought it probable that there had been a separation of the temporo-parietal suture, with laceration of the dura mater, permitting the escape of cerebro-spinal fluid, and (from the distinctness of the pulsation) probably also of a portion of brain. He advised slight pressure to be kept up on the tumour to prevent further escape of the contents of the skull, hoping that by the deposit of fresh bone the tumour might be eventually cut off from the cavity of the skull. This pressure was not, however, persevered with after a few days, as it seemed to give the child pain.

From this time the child gradually began to lose ground: it ceased to walk, became very fretful, and its appetite failed; it seemed also to have more pain about the tumour. I saw it several times in the course of the next three weeks, during which the tumour increased slightly in area, and became, if possible, rather more tense. I advised nothing to be done, unless more urgent symptoms arose. During the following week, however, the child became decidedly worse, was very restless, occasionally rigid, and seemed to suffer pain in the head. Absence from town prevented my seeing it again; but, from the description of the parents, its condition was evidently becoming daily worse. On the 2nd October Mr. Holt was again asked to see the child; and, from the extremely tense state of the tumour, the thin condition of the integuments, and evident irritation of the brain, he thought it advisable to puncture the tumour. This he did with a very fine trocar, and drew off eight ounces of clear fluid. The tumour then collapsed, which rendered evident the fracture of the frontal bone described below. The puncture was closed at once, and the tumour rapidly refilled, the condition of the child remaining much the same until Oct. 10th, when it had some twitchings of the limbs of the left side. On the morning of this day the conjunctiva gave way, and a large quantity of clear fluid continually drained away, so that sponges had constantly to be applied; and the parents stated that they were sure more than a pint of fluid escaped in the twenty-four hours.

Oct. 11th.—There were frequent convulsive movements of the left side. The child constantly whines, and refuses food; is feverish.

12th.—Frequent convulsive movements, always confined to the left side. A large quantity of clear fluid continues to escape from beneath the eyelid. During the night he became drowsy, and could with difficulty be roused; and gradually sank into a state of insensibility; this continued till death, which occurred on the 13th. During the last two days the tumour had decreased considerably, and the fractured bone could be felt.

Hearing of the child's death, I with some difficulty obtained the parents' permission to examine the injury of the head externally, but was not allowed to open the head or examine the rest of the body.

Autopsy (Oct. 17th).—There is fracture of the frontal bone on the right side, a portion above the frontal eminence, about the size of a crown-piece, being driven inwards to nearly the thickness of the bone. The arch of the orbit was fractured, and the external angular process driven outwards with its corresponding portion of orbital plate and superciliary ridge, so that the handle of a scalpel was easily passed into the substance of the brain, through the fracture and torn membranes. The bone was bared of its pericranium over all the depressed part, which was that where the tumour had presented; and here the scalp had been raised from the bone by the escaped fluid, and formed a loose bag. There was a very small quantity of pus about the site of fracture of the orbital arch. The depression of the superior part of the bone prevented the possibility of replacing the orbital part, which it kept separated as by a wedge. There

was a small loose fragment on the inner side of the orbital fracture. External appearance of child otherwise healthy.

The case presents several points of interest. It adds another to those rare cases in which there has been an escape of cerebro-spinal fluid from the vault of the skull; but I am not aware of any case in which this fluid formed a pulsating tumour under the scalp. By the accident the child was rendered in somewhat the same condition as if it had had an ordinary meningocele, but with of course the addition of the injury to the bone; but it is probable, I suppose, that if the child had lived the tumour would have been cut off from the cavity of the skull by the union of the fracture, and thus have been reduced to an innocuous cyst of the scalp. It is to be regretted that, from the objections of the parents, the condition of the brain could not be ascertained; but the history of the case certainly points to a merely expectant treatment. It is remarkable, however, that the convulsions of the last few days of life were all confined to the left side, so that they could hardly have been directly due to the escape of the cerebro-spinal fluid, but were, I suppose, more probably the result of some irritation from the fractured bone, which the escape of this fluid allowed to come in contact with the brain. But considering the length of time since the accident during which there had been no head symptoms, and the complications of the case, operative interference could hardly, I think, have been recommended.

Queen Anne-street, July, 1869.

CASE OF

INTESTINAL OBSTRUCTION LASTING FORTY-SIX DAYS.

BY HENRY M. MADGE, M.D.

MRS. L——, aged twenty-eight, married, and had two children. Belonged to a healthy family, and until lately had good health. Was a teetotaler, and for some time had been remarkable for being a large eater, particularly of animal food. Her youngest child was born on February 27th, 1867. When six months advanced in her last pregnancy, she had an attack of diarrhœa, and subsequently began to suffer from constipation. About six weeks after her confinement, finding the constipation rather troublesome, going sometimes a week without proper relief, she became an out-patient at the Middlesex Hospital, and attended for three months. Not deriving much benefit, she went to the Homœopathic Hospital in Great Ormond-street. After being under homœopathic treatment for several weeks she gave it up as useless.* During all this time the general health was not very much affected, and she was able to attend to all her household and other duties. Towards the end of August, 1867, she passed several days beyond the time usually occupied by her constipated periods, and became very ill, with sickness, fever, rapid pulse, coated tongue, and great abdominal pain and distension. Several means were employed to overcome the obstruction, and on the twelfth day the bowels were relieved, apparently from the use of enemata of various kinds, and large doses of calomel frequently repeated. For two or three days the bowels were relaxed, and were relieved of an immense accumulation of fæces. All the flatulent distension disappeared, and the abdomen passed to the opposite condition of extreme flatness and emptiness. There was no tenderness anywhere on pressure. All the fever and other unfavourable symptoms gradually left her, and the bowels began to act regularly once a day. The patient soon regained strength, and was able to get about as usual, which she did for nearly a month. It was found, however, that she was constantly obliged to take aperients, and she was cautioned against the consequences of not doing so. Partly from neglecting this precaution, and partly, I believe, from some irregularities in diet, she again fell into her previous condition of constipation and attendant symptoms. This time, however, the attack lasting longer, many of the symptoms—the pain, sickness, prostration, &c.—were aggravated. The obstruction gave way on the fourteenth day, apparently from the use of warm-water enemata, and frequent small doses of sulphate of magnesia. She again made a rapid recovery,—indeed, more rapid than before, and was able once more to get about for several weeks, when, unfortunately, after neglecting the state of the bowels, all the old symptoms returned. I did not see her until the sixth day of the obstruction, when the fever, sickness, &c., were just beginning to show themselves.

The friends, with the view, as they said, of obtaining more permanent relief for the patient, now determined on getting her admitted into the Middlesex Hospital. She remained in the hospital ten days. The measures that were employed, however, failed to overcome the obstruction. She left the hospital abruptly on hearing, or fancying she heard, something about an operation to be performed on her. As the patient and her friends were disposed to regard the case as hopeless, several days elapsed before I was sent for. I found her in a very exhausted state, and in extreme pain, from the almost constant violent twistings and contortions of the intestines above the seat of obstruction. The colon was enormously distended, and its rolling movements were distinctly marked out on the surface of the abdomen. Opium and pressure considerably relieved some of the symptoms—the intestinal movements, also the pain and restlessness. In other respects, the patient got gradually worse.

About the thirty-sixth day of the obstruction, the wasting of body and distension of belly were very great. Measurement at umbilicus, 38 inches; pulse 120, and very feeble; features pinched and care-worn; intellect clear; tongue deep red, but moist; urine scanty and high-coloured; skin moist and cool; sickness frequent, but there has been no appearance of fæcal matter; stomach rejects everything in the shape of nourishment; supported chiefly by beef-tea enemata. The chances of prolonging life by means of an operation were fairly and frequently placed before the patient and her friends. The suggestion, however, was always met by firm opposition.

She died on December 31st, the obstruction having lasted forty-six days.

Mr. Newton saw the case with me on several occasions, and assisted in directing the treatment.

Post-mortem examination twenty hours after death.—Only a partial examination was allowed. The body generally was greatly emaciated, and of a dusky-yellowish hue. Measurement of abdomen at umbilicus, 40 inches. On opening the abdominal cavity, the distended intestines started out, and seemed like a series of large bladders. Their coats were highly vascular, but everywhere free from lymph or adhesions. The seat of obstruction was found to be at the upper part of the sigmoid flexure, the portion of intestine immediately above being so immensely distended with soft fæces as to hang over, and almost fill up the pelvic cavity. A ligature was placed above and below the seat of stricture, and the part removed. On examining the preparation, it was found that the stricture was due to the cicatrisation of a former ulcer of the mucous membrane—an opinion confirmed by another gentleman, a much better authority than myself.

Remarks.—The few remarks that I shall venture to make on this case will be—1st. That the history of the case, particularly the sickness coming on late in each attack, and at no time with fæcal matter, and the early distension of the colon, indicated all along that the seat of obstruction was low down in the intestinal canal—that is, in or about the sigmoid flexure. This was readily diagnosed during life, and it was on this diagnosis that the recommendation of Amussat's operation of opening the colon was founded. 2nd. That, as other means failed, all that could be done was to adopt Dr. Brinton's plan of giving opium, and lengthening out life by every possible means, in the hope that the obstruction would give way.

Fitzroy-square, June, 1869.

* The leading feature of this treatment appeared to be warm-water enemata.

ILLNESS OF THE DUCHESS OF AOSTA.—The Italian papers state that her Highness has suffered from miliary fever, and that she is, happily, on the way to recovery. *L'Imparziale*, of Florence, is however astonished that the health of the Princess should be entrusted to men who, though certainly highly distinguished, are nevertheless principally noted as surgeons; whilst no consultation has been held with any of the eminent physicians of whom the University of Florence is justly proud.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1869.

ROYAL COLLEGE OF PHYSICIANS.

TUESDAY, JULY 6TH, 1869.

The Council met at two o'clock. The President in the chair.

Mr. HAWKINS moved the following resolution:—"That the Principal and Vice-Chancellor, and the Dean of the Faculty of Medicine of the University of M'Gill College, be informed that they have not correctly understood the proceedings of the General Medical Council in its last session relative to the University of Melbourne; that the Council have no power under the Medical Act to place on the Register the graduates in medicine of any foreign or colonial university, not practising medicine or surgery in the United Kingdom before the passing of that Act, but that, should such power be conferred on the Medical Council, the claims of the graduates of M'Gill University will receive due consideration."

Dr. SHARPEY seconded the resolution, which was unanimously agreed to.

Mr. COOPER said he had received a communication from the solicitor of the Society of Apothecaries, stating that the Society had no power to remove anyone from the list of its licentiates. He (Mr. Cooper) very much regretted that no such power existed, and any proposal to give the Society the needful authority would have his best support.

On the motion of Mr. HAWKINS, seconded by Dr. ALEX. WOOD, it was resolved, "That Mr. Ouvry be requested to examine the evidence on which Mr. La'Mert had been deprived of his diploma by the Royal College of Surgeons of England, and of his licence by the College of Physicians of Edinburgh, in order to ascertain whether this Council will be authorised to erase his name from the Register under the 29th clause of the Medical Act."

A letter from Dr. Bulmer respecting Canadian degrees, and a letter from Dr. Forster respecting registration in the Channel Islands, were referred to the Medical Acts Amendment Committee.

Dr. ANDREW WOOD thought it would be only fair to extend the benefits of registration to the Channel Islands.

The REGISTRAR said he believed the initiative in such a step must be taken by the Home Office.

Dr. RUMSEY thought that any extension of the Act to the Channel Islands should also apply to the Isle of Man.

A communication was read from the Danish Minister, presenting a Pharmacopœia to the Medical Council. A resolution was passed thanking the Danish Government for the presentation.

A long communication was read from the Royal College of Surgeons of Edinburgh, commenting on the proceedings of the Council.

Dr. ANDREW WOOD, in reply to Dr. Alex. Wood, said the communication was sent *ex proprio motu*.

Dr. ALEX. WOOD said that no one could deny the right of the College of Surgeons of Edinburgh, or any other body, to address to the Council any communication whatever; but he thought it was extremely inconvenient that such a course should be pursued. One body had already informed the Council that it had appointed a committee to watch over its deliberations. It was no doubt gratifying to find that in some respects the College of Surgeons approved of the conduct of the Council, and had in some matters conformed to its advice. It might also influence their conduct to know that that body disapproved of some of their proceedings. But he thought it would be highly inconvenient if the Council submitted to be lectured in that way by the different bodies; and he hoped that no motion would be made to place the communication on the Minutes. The College had a most admirable representative at the Council, who had ample opportunity of expressing his opinions, and he did not think it was right for a body having a representative at the Council table to forward such a communication as had been read. He was reminded of a slave who complained that he was first lectured and then flogged. "Preachee, preachee!" said the slave, "or whippee, whippee; but not both!" (Laughter.) The Council had had "preachee, preachee" from the representative of the College, and now they were receiving "whippee, whippee" from the College itself. (Renewed laughter.)

Sir D. CORRIGAN moved that the communication from the College of Surgeons of Edinburgh be placed on the Minutes. Dr. Alex. Wood, he said, would place the Council in a higher position than the House of Lords or the House of Commons, to which bodies the humblest individual in the land had the right of sending a memorial. There was not a word in the communication that had been read to which objection could be offered; and the propositions laid down by Dr. Alex. Wood were of the most extraordinary character.

Dr. ANDREW WOOD thought it was open to any of the bodies to represent to the Council any grievance of which it had to complain, and to bring forward any reasons for its obeying or disobeying any order of the Council. The first subject of the communication was that of lunacy certificates. An application was made last year to the Government on the subject, requesting the redress of a great grievance, which, however, was not granted. Were they to be prevented from again appealing to the Council on the same subject, seeing that since last year the grievance had become more intolerable than ever? The next subject referred to was vaccination; and surely there was nothing disrespectful in the College informing the Council (as the College of Surgeons of England had done) that it had agreed to adopt the Council's recommendation. Another subject was that of the reports of visitors of examinations; and surely it was not wrong to tell the Council that its suggestion that examinations should be so far public as to be open, when practicable, to medical and surgical graduates, was one which the College had declined to adopt. It candidly stated the reasons for its refusal, and he only wished the Queen's University had come forward with as plain a statement of its reasons for not adopting the recommendations of the Council with regard to preliminary examination. With respect to the returns from the Army, Navy, and India Medical Boards, the College stated that those reports conveyed false impressions from the manner in which they were framed, and suggested that the returns should be given in a better form; the College also objected to those boards being constituted as boards of revision over all the medical boards of the country. There could be nothing disrespectful in stating that they were glad the Council had commenced an investigation into the state of education, that they were opposed to the institution of diplomas in State Medicine, and that they approved of the Council's decision not at present to render compulsory an examination in Greek. He should be glad to see a similar communication from the bodies represented by Dr. Alex. Wood and other members of the Council. He thought great benefit might be derived from a free and frank communication between the Council and the licensing boards.

Dr. BENNETT asked Dr. Andrew Wood if he deemed it desirable that the communication which had been read should be entered on the Minutes.

Dr. ANDREW WOOD said that he considered it necessary after the remarks made by Dr. Alex. Wood.

Dr. FLEMING said that the communication in question could hardly be considered a memorial or a petition; it was rather a review and a criticism of the proceedings of the Council during the last session; and he could not help thinking that if such communications were received from the different licensing bodies great inconvenience would result.

Dr. ALEX. WOOD said he did not object to the statements in the communication, but he desired to protect the Council from what he felt assured would prove an inconvenient practice.

Dr. CHRISTISON said he should vote for the motion if it was pressed, but he hoped it would be withdrawn, as he could not but feel that the practice of sending such communications would produce great inconvenience.

Dr. STORRAR said the practice, if introduced, would probably be followed by other bodies, who would send in running commentaries on the proceedings of the Council, the printing of which would involve serious expense.

Sir D. CORRIGAN having replied,

The PRESIDENT expressed his regret that Sir D. Corrigan

had not adopted the course suggested by Dr. Christison. He felt greatly the extreme inconvenience that must arise from the reception of such documents, which would be an invitation to all other corporate bodies to adopt the same method.

The motion was then put and lost; nine voting in its favour, and ten against. The names and numbers of members voting were ordered to be recorded.

The following communication was read from Dr. Maclagan:—

Berwick-upon-Tweed, June 25th, 1869.

SIR,—May I request that when a suitable time presents itself you will bring the following subject before the General Council of Medical Education and Registration.

A few months ago, having a patient afflicted with insanity whom I wished to place under treatment in an asylum near Edinburgh, I filled up the usual certificate, the second certificate being written by a medical practitioner in Edinburgh who saw the patient *in transitu*.

A few days after, I learned, much to my surprise, from the superintendent of the asylum, that my certificate, on being presented to the sheriff (by whom, as you are aware, warrant for detention in an asylum is granted), was rejected, on the ground of my non-residence in Scotland; and, in reference to the Board of Lunacy, this decision was confirmed. A third practitioner had, in consequence, to be called in to examine the patient, who, meanwhile, had been illegally detained for three days.

Within the last few weeks a second instance has occurred to me. The friends of an insane gentleman were desirous to place him in the Royal Edinburgh Asylum at Morningside, and I was obliged to explain to them that neither I nor any physician in this town could fulfil the necessary conditions, and that either he must be taken into Scotland or two Scottish practitioners brought here before the needful documents could be prepared.

I need not point out the extreme inconvenience of this state of the law. From the proximity of this town and the adjacent part of Northumberland to Edinburgh, the practitioners of the district have been hitherto almost universally in the habit of sending insane patients there; and, in fact, unless the existing regulations be of very recent date, many persons must at this moment be illegally confined in Scottish asylums by virtue of certificates granted by medical men residents in England.

But, independently of considerations of mere convenience, this law seems perfectly inconsistent with that equality of privilege which the Medical Act was believed to confer. Registered practitioners who are daily exercising every branch of the profession on both sides of the Tweed, who hold Poor-law and other public appointments both in England and Scotland, who are called upon to give medical evidence in the law courts of both countries, and who of course have to give evidence *there* on questions of sanity or insanity, are yet, for some inscrutable reason, placed at a disadvantage on this single point.

As I observe from a notice in THE LANCET that this matter is likely to engage the attention of the Council, I should not have continued to occupy your time by a mere personal statement, but that it may serve to show that the grievance is not fanciful or theoretical, but that—at least in the case of gentlemen practising *in the Borders*—it does exist, and makes itself disagreeably felt.

I have the honour to be, Sir, your most obedient servant,

PHILIP W. MACLAGAN, M.D. & L.R.C.S.E.

Dr. Hawkins, Registrar of the General Council.

DR. ANDREW WOOD, in moving that the letter be entered on the Minutes, said he did not know upon what grounds the Lunacy Commissioners had refused to redress a grievance of so obvious a character. He hoped that another application would be made on the subject to the Home Office. The wrong was of a public character, and ought at once to be remedied.

The motion for entering Dr. Maclagan's letter on the Minutes was unanimously agreed to, and the following resolution, moved by DR. ANDREW WOOD, was adopted:—"That a communication be made to the Home Secretary in reference to the present state of the law regarding lunacy certificates; that there be transmitted to him a copy of the letter drafted last session, as also the letter of Dr. Maclagan. That previously to making this communication to Government, the President be requested to communicate on the subject with the English and Scottish Lunacy Commissioners."

A memorial was read from certain practitioners in Lanarkshire respecting alleged misconduct on the part of a registered person. During the reading and discussion of this memorial the reporters for the press were requested to retire.

THE QUEEN'S UNIVERSITY IN IRELAND AND PRELIMINARY EXAMINATIONS.

DR. PARKES moved, "That the Registrar be requested to write to the Secretary of the Queen's University in Ireland, asking for the Report of the Committee of the Queen's University, to which the Report of the Committee of the Medical Council on the Visitation of Examinations was referred, and if the reply be that the Committee has not reported, that the Registrar be instructed to write and inquire for a definite reply to the passage in the Report of the Committee on the Visitation of Examinations which referred to the Preliminary Examination of the Queen's University."

DR. EMBLETON seconded the motion, and said that the Council required a distinct answer in writing as to what the Queen's University intended to do.

DR. STORRAR agreed in the general spirit actuating Dr. Parkes and Dr. Embleton, but thought that the time had gone by when it was desirable to agree to their motion. Although they received no direct answer from the Queen's University to the question put to them two years ago, they were acquainted with the fact, through Dr. Leet's report and in other ways, that the Queen's University persisted in allowing students to commence their medical studies before passing that examination in arts which the Council had decided ought to be preliminary. The Council some years ago decided that it was important students should pass an examination in arts before commencing medical study. It took some time to bring the examinations of all the bodies in England and Scotland into conformity with that recommendation; but this had at last been accomplished. The Irish bodies, and particularly the Queen's University, had declared that they did not approve of the preliminary examinations. This question ought to be settled one way or the other. Either the Medical Council was wrong or it was right; and the time had come when it should be made clear whether the recommendations of the Council were to be carried out or not. He should therefore move the following amendment to Dr. Parkes's motion:—"That this Council, having issued recommendations to the bodies enumerated in Schedule A of the Medical Act (viz., 'That no medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council;' and 'That no licence be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student'), and this Council having learned that the regulations and practice of the Queen's University in Ireland are not in accordance with these recommendations, the Council request the attention of the Queen's University to this want of accordance, and express the hope that before the next annual meeting of the Council the University may be able to announce to them that their regulations and practice are in conformity with the aforesaid recommendations, and thereby avoid the necessity of a representation being made by the Council on this subject to her Majesty's Most Honourable Privy Council, under the 20th section of the Medical Act."

DR. BENNETT said the amendment was a very important one. He felt very strongly that this question of preliminary education was at the foundation of all their progress. The Council had no just cause of complaint in reference to the bulk of the licensing bodies in this matter. Sooner or later they had carried its regulations into effect, and had acknowledged the desirableness of enforcing them. In the case of the Queen's University it appeared not only that they had not done so, but had expressed an opinion not in unison with that of the Council. It was not necessary to say whether that University had or had not good grounds for its opinion; it was quite clear, on their own confession, that they declined to act in accordance with the regulations of the Council: the Council therefore was placed in this position, that a regulation which it considered to be at the foundation of all progress in medical education was distinctly repudiated by one of the licensing bodies. He thought the Council would be guilty of a gross dereliction of duty if it failed to avail itself of the power conferred upon it by Act of Parliament to ask the interference of the Privy Council in the matter. He hoped Sir Dominic Corrigan and the Irish members would see the extreme desirability of carrying out the suggestion in the amendment before the next meeting of the Council; but if they did not, he should be quite prepared to support any motion for referring this or any similar matter to the Privy Council.

SIR D. CORRIGAN said he should not have risen at all had the attention of the Council been confined to Dr. Parkes's resolution. He was most anxious that the Council should put itself in direct communication with the authorities of the College, and therefore assisted Dr. Parkes as far as he could. But when he was met with the threat, in the form of an amendment, that the Queen's University were to be brought before the Privy Council for disregarding the recommendations of the Medical Council, speaking as the representative of that University, he would accept the challenge, and, as far as his influence extended both at that Council and at home, he would refuse to accede to its re-

commendations on extra-professional education, because he believed the Council was wrong, and the Senate of the Queen's University was right. The Council had better consider the matter before they dared to bring the Queen's University before the Privy Council. He made the challenge in as bold terms as he could, that the Queen's University would willingly meet them there. The question would not be whether the recommendations of the Council were or were not disregarded: They would be met *in limine* with the objection that no penalty could be inflicted for not adopting what was after all merely a recommendation issued by the Medical Council. He was quite willing to meet the Council on the ground laid down in the Act of Parliament: "In case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such College or body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to her Majesty's most Honourable Privy Council." The question before the Privy Council, and on which he was quite prepared to meet them, would be this: whether the plan laid down by the General Council for educating fit and proper persons for the profession was better or worse than that laid down by the Queen's University. (Hear.) And the very first document produced on the table of the Privy Council would be the Returns from the Army and Navy Boards, showing that scarcely a single graduate of the Queen's University was rejected at those examinations. There was one test as to whose mode of teaching was the better or the worse. It was not fair to say that the Queen's University neglected extra-professional education because they did not require a student to go through a wretched preliminary examination. The preliminary examination was to be passed before a boy of sixteen entered the profession, and there was not a single recommendation from the Council to test the young man's capacity afterwards in arts. Had the Council by a single resolution ever recommended that a boy's deficient education in extra-professional matters should be tested during the four years? Not one; and yet they dared to talk of going before the Privy Council. He would like to see them there. What did the Queen's University do? When a man last year was examined in professional subjects, and it was found that his extra-professional education was deficient, they sent him back for a year. Was that neglecting extra-professional education? The course adopted by the Queen's University was this: They allowed a student to go through his arts examination at any time during the four years of professional study, compelling him to attend a course of lectures on Natural Philosophy, Languages, &c. They recommended him to go through his extra-professional examination within two years, but allowed no man to pass the professional examination who had not gone through a most strict examination in arts. He maintained that this plan was preferable to the one recommended by the Council, which consisted in receiving boys of fourteen or sixteen years of age with certificates of having passed a preliminary examination elsewhere. With regard to the examinations at the University of Cambridge, he found that two examinations were held in the year; one for students who were not more than fifteen years of age, and the other for students who were not more than eighteen. There was no limitation as to how early they might go in for the examination, and that examination was received by the Council as a sufficient point from which to start for the whole of a man's professional life. The Council did not recommend any subsequent examination in arts, and it did not recommend that the student should pursue simultaneously an education in arts and medicine. This preliminary examination was received as a sufficient foundation for the entire professional life. The question at issue was not whether the Queen's University demanded a preliminary examination or not at a particular moment, but whether their mode of educating men for the profession was better than that recommended by the Council. He asserted distinctly and positively that it was, and on that issue he would meet them before the Privy Council. Again, at the University of Oxford no age was specified below which a boy might not come up for his preliminary examination. The Council seemed to entertain a very extraordinary affection for the Queen's University. Trinity College was in exactly the same predicament, and it might be as well to bring them both together before the Privy Council.

Dr. STORRAR.—One at a time.

Sir D. CORRIGAN said one would be far too many for the Council when they got there. (Laughter.) He did not find other bodies attacked for not following the recommendations of the Council. One of the earliest bodies that did not follow their recommendations was the University of Edinburgh. One of the recommendations was that degrees in medicine should not be given to any person but those who had degrees in arts. The University of Edinburgh laughed at their recommendations, so did the Universities of Glasgow, Aberdeen, St. Andrews, and Queen's University. Why were not those bodies brought before the Privy Council? Dr. Alex. Wood was under a mistake when he said that the University of Edinburgh followed the suggestions of the Council, and applied to the Privy Council for power to enable them to refuse their higher degrees in medicine to those who had not graduated in arts. He took the trouble to get the last regulations of the University of Edinburgh; for, as they knew, he was always very particular in his references. (Oh, oh! and laughter.) Those regulations stated that the "degree of M.D. may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, provided always that the degree of M.D. shall not be conferred on any person unless he be a graduate in Arts of one of the Universities of England, Scotland, or Ireland, or of such other Universities as are above specified, or unless he shall before or at the time of his obtaining the degree of Bachelor of Medicine, or within three years afterwards, have passed a satisfactory examination in Greek, Logic, and Moral Philosophy, and in one of the following subjects." The "or" overturned the whole effect of the former part of the clause. Dr. Alex. Wood, no doubt, made the mistake unintentionally; but as the Council took it up as correct, he (Sir D. Corrigan) determined to seize the opportunity to correct the misapprehension. For ten years every University in the United Kingdom, including the London University, which did not require a degree in arts, had gone on in its old course, without paying the slightest attention to that recommendation. The only Universities requiring the degrees in arts were Oxford, Cambridge, and Dublin, and those Universities required that degree, as a condition of conferring their higher degrees in medicine, long before the Medical Council had any existence. Why did not the Medical Council bring those bodies that disregarded their advice before the Privy Council? Was it supposed that when they came before that tribunal these things would be forgotten? It was stated by Dr. Alexander Wood that he (Sir D. Corrigan) opposed the Council when they sought to bring a recalcitrant body before the Privy Council. He believed Dr. Wood referred to what occurred about the College of Surgeons.

Dr. ALEX. WOOD.—I did.

Sir D. CORRIGAN said he never opposed the bringing of the College of Surgeons before the Privy Council. The resolution on that occasion, moved by Mr. Syme, and seconded by Dr. Storrar, was, "That the regulations lately issued by the College of Surgeons of England, for the qualification of candidates for their licence, are not in accordance with the recommendations of the Medical Council, and are not 'such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession.'" A grosser libel was never attempted on any public body than was attempted on the College of Surgeons by that resolution. He opposed the resolution, but that was not opposing the proposal to bring the College before the Privy Council. On that occasion he moved the previous question, which was carried by a majority of five. The subject was brought up again on the following day, and the resolution was defeated by the casting vote of Mr. Green, the chairman. He did not oppose bringing any body before the Privy Council, but he objected to hunting down the College of Surgeons, when there were so many other bodies who did not adopt the recommendations of the Council. Many of the corporate bodies were of opinion that the regulations laid down by the Council with regard to preliminary education had done immense mischief to the profession. They had laid down a minimum of education, and a minimum coming from the Council was a maximum. They had lowered the minimum until they had lowered the status of the profession. Resting

upon the Council's wretched preliminary examination alone, the licensing bodies sent these ill-educated young men out into the world, many of them not being able to write a letter. On the other hand, at the Queen's University, they examined the student in arts; they compelled him, in the course of his studies, to attend lectures on arts; and if, when he came up for his final examination, he was deficient in extra-professional education, they rejected him for a year. Was there a single licensing body that followed the recommendation of the Council that had done that?

Dr. ALEX. WOOD said the Council would agree with him that in a question of this vast and pressing importance there was no room for rhetorical exhibitions, still less for the interchange of personalities; and the great duty which all who addressed themselves to the question would have to perform was to look to the real interests of the profession and the public with regard to one of the most important questions which could by possibility engage their attention. The Council, after ten years' incessant labour upon the one subject of preliminary education, had come unanimously to two resolutions with regard to it. The first was, that preliminary education should, as much as possible, be concluded before the professional education was commenced; and for this reason, that it was important that the minds of medical students should undergo a certain amount of training before beginning their purely professional studies, because without such training it was impossible for them to profit by those studies as they ought to do. The answer made by Sir Dominic Corrigan was that the Queen's University in Ireland did a great deal more than this: that they took means, towards the conclusion of a medical student's course, to ascertain that he was properly educated in general literature and science. If they did that, they did well; and it would be well if other bodies imitated their example. But the doing of that did not prevent the doing of the other. They ought in the first place to have ascertained that the medical student had a sufficient amount of knowledge to profit by his medical studies, and then the Council would have been delighted to hear that, over and above that, the Queen's University ascertained that the student at the conclusion of his studies was fit to go into the world as an educated gentleman. He believed that if Sir Dominic Corrigan had urged upon the Council to recommend to other bodies the example of the Queen's University in this respect, the Council would not have been slow to accept his recommendation. That, however, was not the point. Much as he admired the talent of Sir Dominic Corrigan, one part of that talent he was thankful that he did not possess—namely, the perverse ingenuity with which the learned baronet, whenever he addressed the Council, covered up the real question at issue, and substituted other considerations and statements which had nothing to do with the subject. One of the most recklessly ingenious statements made was with reference to what he (Dr. Alex. Wood) had stated with regard to the Edinburgh University at a previous meeting of the Council. Sir D. Corrigan did him the credit of saying that he believed his statement was unintentional. He would not accept that, but said that the statement was made after full consideration. He would, however, do Sir D. Corrigan the credit of saying that he believed he had not fully looked into the Minutes when he made the very extraordinary assertion that he did in regard to the incorrectness of his (Dr. Alex. Wood's) statement. The point at issue was this, that he asserted at a former meeting of the Council that the University of Edinburgh had gone to the Privy Council to obtain permission to strike out of their regulations the clause which prevented their enforcing preliminary education before a student entered upon his course of professional study. With that singular ingenuity which Sir D. Corrigan possessed, and which he had exercised on more than one occasion, he changed the venue altogether, and referred to another discussion which took place as to whether the Council would force upon the University of Edinburgh, and other universities, a regulation that the students should take an arts degree before entering on their medical studies. They would see at once the difference. What they were discussing was whether the student should have a preliminary education, not that he should have an arts degree. Sir D. Corrigan was so far right that there was a discussion in the Council with reference to the arts degree. Sir D. Corrigan had asked why did the Council single out the Queen's University in Ireland for persecution. They had not singled it out; it was Sir D. Corrigan himself who singled it out; it was he who again and again, almost contemptuously, in the name of that University, defied the authority of the Council; it was he who had again and again told them that whatever resolutions they passed he would use all his influence in the Queen's University to prevent those recommendations being listened to. He had again and again told them that even though they summoned the University before the Privy Council, he would meet them there, and would breathe forth the same defiance that he had breathed at that table. Contrast that conduct with the conduct of the University of Edinburgh, which, through a long and laborious process that the law required, showed its loyalty to the Council by getting power to carry out those recommendations. Looking round the table he saw representatives of various medical corporations and universities, and did not know one who had not done his utmost to secure that the recommendations of the Council should be carried out by the body he represented. He had said he did not know one, but he had made a mistake—he knew one, and that body had from the first defied all their resolutions. Nay, more than that, when they asked the Branch Council of Ireland to carry out their recommendations, a section of them refused to do so, and that section was headed by Sir D. Corrigan. Reference had been made to the discussion that took place with regard to the College of Surgeons of England. He never said that the learned baronet met that with a direct negative. It was not his policy to do so, but when they were discussing the question as to whether they should have a recalcitrant body before the Privy Council, it was met by moving the previous question, and there were always timid spirits who, when a bold step of that kind was likely to be taken, were glad to shelter themselves under that *tertium quid*—that wretched "previous question." Sir Dominic sheltered himself under the great name of Mr. Green, but he (Dr. Alex. Wood) always thought, and still thought, it a most unfortunate thing that Mr. Green, the representative of the College of Surgeons of England, should have voted on a question so deeply involving the interests of the body he represented.

The hour of six having arrived, Dr. EMBLETON moved the adjournment of the debate.

WEDNESDAY, JULY 7TH.

The Council reassembled at two o'clock, the President in the chair.

Dr. ALEX. WOOD said it appeared from the public papers that yesterday a question had been asked by Sir John Gray in Parliament, and answered by the Home Secretary. He wished to know whether the President or any of the officials of the Medical Council had been consulted by the Home Secretary before the answer to Sir John Gray was given.

The PRESIDENT said that the Council had received no communication from the Government since the letter of Mr. Simon. He also stated that he had received a letter from Mr. Ouvry stating that the Council could not, by any suspension of its standing orders or otherwise, deal with Mr. La'Mert's case during the present session.

Sir D. CORRIGAN said that since the discussion of yesterday, on the subject of Queen's University, he had gone over the returns from the Army and Navy Boards, to ascertain the number of candidates rejected. He found that he was wrong in stating that no candidates from the Queen's College of Ireland had been rejected. That was the case as regards the Navy, but the rejections by the Army Board were as follows:—Edinburgh degrees in medicine and surgery, 25 per cent.; Trinity College, 23 per cent.; Queen's University, 6 per cent.

The PRESIDENT said that Sir D. Corrigan was out of order in referring to other bodies, but he was at liberty to make any correction of his statistics with regard to the Queen's University.

Dr. EMBLETON defended the Durham College from the imputation of not having been loyal to the Council in adopting its recommendations, and referred to the regulations of the College in proof of his position.

Dr. PAGET replied to some criticisms of Sir D. Corrigan's on the Cambridge Local Examinations.

Dr. ALLEN THOMSON called the attention of the Council to the point in debate,—whether the medical student before

entering upon professional study should have received such an education as to qualify him to follow his instruction with advantage; and he complained of the amount of irrelevant matter that had been introduced in the course of the discussion.

Mr. HARGRAVE said that the Medical Council had been made the laughing-stock of the profession for not maintaining their rights; and he thought it would be a misfortune if they did not go before the Privy Council to ascertain what their rights were.

Dr. ANDREW WOOD said that a body was not necessarily "delinquent" because it had to be summoned before the Privy Council. That course of proceeding was prescribed by the Act in order to settle the differences between the Council and the licensing bodies, and there was nothing invidious in such a course being pursued. It might be that the Queen's University was right, and the Medical Council wrong, and it was for the Privy Council to decide between them. If the Council were to lay down a rule that no diploma should be granted to any body that did not institute clinical examinations in medicine and surgery, and if any body refused to comply with that regulation, he had no doubt that the Privy Council would say, "Either do what the Medical Council tells you, or we shall exercise our power of suspending you from the privilege of granting diplomas."

Dr. PARKES having replied,

The PRESIDENT put the amendment to the Council. Five members voted in its favour, and twelve against. The amendment was accordingly declared to be lost.

The original motion was then put, and carried *nem. con.*

The Council then received a deputation, together with a memorial signed by upwards of 5000 medical practitioners, with regard to the necessity of obtaining an amended Medical Act. The deputation consisted of Dr. Bell Fletcher, Mr. Sampson Gamgee, Mr. Arthur Oakes, and Mr. D. C. S. Owen.

Dr. BELL FLETCHER, in presenting the memorial, said that it was already signed by 5200 persons, and it was believed that in a few days several thousand additional signatures would be received. The memorial, he added, was so explicit that it was not considered necessary to enlarge upon it, but if the Council desired to ask any question on the subject the deputation would be glad to answer them.

The PRESIDENT drew attention to the first clause of the memorial, stating that the Medical Act of 1858 was practically inoperative in restraining persons from practising under fictitious titles, and called attention to the fact that the public had the protection of the Register.

Dr. BELL FLETCHER said that a stipendiary magistrate in Birmingham had held a person to be legally qualified who possessed only a qualification from some place in America.

Mr. GAMGEE said that the misfortune was that registration was not compulsory, and the fact of a person's name not being on the Register was no evidence that he was not a qualified practitioner. The Government declined to supply district registrars with copies of the Register, and it could not be expected that they themselves should purchase them. In consequence of the vagueness of the Act, and the number of the qualifications, stipendiary magistrates had failed to convict in cases where the persons were clearly not qualified; and in other cases where convictions had been obtained, they were quashed in the superior courts. The persons who practised under false titles could only be fined a small amount, and the prosecution of such persons being very expensive, they were enabled to carry on their system of intimidation and extortion with complete impunity.

The PRESIDENT asked for an explanation of the sixth clause in the memorial, recommending "one high and uniform standard of examination, and one legal qualification," and inquired whether the memorialists wished to suggest that all the higher degrees of medicine and surgery should be abolished.

Mr. GAMGEE said they wished to destroy nothing, and to deprive no university of any of its privileges. What they desired was, that no person should be admitted to the profession without sufficient knowledge. By "uniform" they meant a comprehensive examination, on a high level, so that no person should be admitted as a surgeon who did not know medicine as thoroughly as a diligent young man ought to know it, and *vice versâ*. By a "legal qualification" they meant that there should be only one entrance to the profession, however numerous might be the fellowships and degrees granted in other ways.

Mr. OAKES said that some persons had declined to support the memorial because they found that many qualified persons were not competent to practise, and that they were able to obtain unqualified service of a more efficient character. As an illustration of this he might mention that a general practitioner was applied to by an M.B. of the University of London who was not able to recognise a case of measles when presented to him.

The PRESIDENT asked whether the memorialists expected that a new regulation with regard to certificates of death should form part of an amended Medical Act.

Mr. GAMGEE said that the memorialists were acting under the advice of the Registrar-General himself in recommending that the certificate of a legally-qualified member of the profession, in the absence of a coroner's order, should be indispensable as a preliminary to burial.

The PRESIDENT asked if it was intended that a medical man should be compelled to walk four or five miles to give a certificate without payment, and if not, by whom was the payment to be made?

Mr. GAMGEE said that they merely wished to lay down the principle, leaving the details to be carried out by others.

The PRESIDENT asked if the deputation was aware that the Sanitary Commissioners were examining witnesses in order to ascertain how a more exact registration of deaths could be obtained, and suggested that they should communicate with the Commissioners.

Dr. BELL FLETCHER stated that they were not aware of the circumstance mentioned by the President.

The PRESIDENT asked in what manner it was expected "that the influence and power for good of the General Medical Council would be greatly extended with the profession and the public if provision were made in a new Act of Parliament for the representation on the Council of the general body of practitioners of medicine and surgery, who are now for the most part deprived of any professional franchise."

Mr. GAMGEE said that the power for good of the Council could not but be strengthened by an active alliance with the profession. The profession was almost exceptional among the learned bodies of Europe in having no professional franchise. They might point to the older universities, and to the effect of the franchise recently given to the Scotch universities, and they contended that if the medical men of the country had the same privilege conferred on them, they would not fail to take a greater interest in the proceedings of the Council.

The PRESIDENT said that the memorial, which was signed by so large a number of members of the profession, would receive every possible attention. They were glad that the deputation had taken the trouble to wait upon the Council, and to give it the benefit of their explanations.

The deputation then retired.

Dr. PAGET moved that the memorial be entered on the Minutes.

Mr. HARGRAVE seconded the motion.

Dr. A. SMITH suggested that the number of signatures to the memorial should be stated.

Several members objected to this addition, and Dr. RUMSEY suggested that if the numbers were stated, they ought to be verified.

Dr. BENNETT said that Dr. Andrew Wood might amuse himself on his return to Scotland by analysing the list of signatures.

Dr. ANDREW WOOD said he hoped to have better amusement. It was no part of the duty of any member of the Council to throw any disparagement on a memorial of that kind, signed, as he believed, by 5200 members of the profession.

The PRESIDENT said that Dr. Andrew Wood was not in order in pursuing a jocular remark of Dr. Bennett's.

The motion was then agreed to, with the proposed addition.

Dr. BENNETT then brought forward his motion, of which he had given notice, "That inasmuch as there are now, in each division of the United Kingdom, national examining boards on subjects of preliminary education, which are readily available by students throughout the kingdom, and whose certificates are in all respects deserving of the confidence of the Council, the time has arrived when the

special preliminary examination in general knowledge instituted by the medical corporations should cease to be recognised." He said he thought that the examining boards should be reduced to as small a number as possible, in order that the Council might be better able to superintend them, and also because it was undesirable that they should occupy themselves more than was absolutely necessary with anything that was not strictly of a medical character. He did not desire that they should relax their attention to the subject of education, but he thought they might select with advantage a certain number of boards in which they had full confidence, and if there was anything wrong discovered in their examinations, the Council could easily call their attention to the deficiencies, or strike them out of the list of recognised boards. He was quite satisfied that the Council ought to cease to recognise any preliminary examinations of boards instituted by the medical corporations for that special purpose, seeing that there were excellent examinations distributed throughout the country of a very efficient character, easily available, and inexpensive. The power possessed by the Council of accepting or refusing the certificates given at the examinations would of itself suffice to keep them up to the required standard.

Dr. THOMSON said that a discussion on this subject would necessarily take place when the report of the Committee on Preliminary Education was considered, and he suggested that Dr. Bennett's motion should be deferred until that report was brought up.

Dr. BENNETT acceded to the suggestion, and the consideration of his motion was accordingly adjourned.

STATE MEDICINE.

Dr. ACLAND brought up the Report of the Committee on State Medicine. He said he should not have considered it desirable to make any observations on the subject, if it had not come to his knowledge that one of the members of the Council was opposed to granting the new qualification. The recommendation of the Committee was that in any future amended Medical Bill a qualification in State Medicine should be inserted as one of the possible qualifications. It was but a permissive regulation, and did not press hardly against any person. The Council was not entrusted with the conduct of examinations, and could not institute them. It was not charged with the duty of compelling any corporation or university to institute an examination in any subject, but it was charged with the duty of seeing that the examinations and qualifications were adequate to the wants of the country; and the time had now arrived when the Council should signify its willingness to accept and place on the Register degrees in State Medicine, if the licensing bodies thought fit to grant them. It might be said that the licensing bodies would not induce students to qualify themselves in this department of medicine. That was possible if they knew that these qualifications could not be recognised, but the Council should give them the opportunity, and express its willingness to register the qualifications in the event of their being granted. Medical men were often called upon to give opinions on the subject of drains, sewerage, and questions of architectural engineering connected with hospitals, and it was lamentable to think that positive opinions on such questions were often given by persons wholly incompetent to deal with them. The letters received by the Committee deserved most serious attention. The Report contained two analyses of those letters, one prepared in Dublin, under the superintendence of Dr. Stokes, by which they would readily see the great difference of opinion existing on the various subjects; and the second, an elaborate and careful commentary by Dr. Rumsey. The definite motion he had to propose was, "That in any amended Medical Bill which may be prepared for Parliament by the Council it is desirable that the requisite permissive clauses for providing a qualification in State Medicine be inserted."

Dr. CHRISTISON seconded the motion. He said, every one who was well acquainted with what was now going on must be satisfied that sooner or later, and in all probability within a very short time, a class of medical officers such as the motion contemplated would become an absolute necessity. The question was whether any emergency that might arise could be met by the spontaneous studies of medical men, or whether they should anticipate the demand by giving every encouragement to the attainment of a qualification which should at once designate these gentlemen as men fit to be entrusted with the important duties they would have to discharge. The Council should take care to be in time in pointing out that there was to be such a demand, and that medical men had better prepare themselves for it, for if they did not do so, there was great risk that their appointments would be taken entirely out of their hands. He was glad to say that at present there were great facilities for the appointment of such practitioners. The University of Edinburgh had granted a very high degree to which the title of "Doctor of Science" was given. This degree very conveniently branched out in three directions,—Doctor in Physical and Natural Science, Doctor in Mental Science, and Doctor in Philology. Another branch could be added in State Medicine; and he would take care, whether the Council recommended such a title or not, that it should be given by the University of Edinburgh. It was desirable that the right to grant such a title should be conveyed in some way or other in an amended Medical Act. He saw no reason why the colleges or corporations should not be compelled to grant some such title. Considering the great difficulty of carrying on these special examinations by proper examiners, he thought in the end the corporations would be inclined to leave the matter entirely to the universities; but at the same time he thought the Council should show its liberality by asking that the corporations might have power to grant such a title.

Dr. MACROBIN assented entirely to the course proposed by Dr. Christison; and he had no doubt that the matter would be taken up by the universities.

Dr. ANDREW WOOD said he understood the Report was to be laid before the Council, not with a view of their taking action immediately, but that all the licensing bodies who had no information on the matter should be first consulted. He still thought this course should be adopted, and that in moving the immediate recognition of a licence or degree in State Medicine, they were proceeding too fast. The Committee seemed to stand self-convicted of having gone a little too fast, for the letter which they issued in order to obtain the evidence upon which to found the Report, contained the following clause:—"The Committee have decided [this was on the 8th of July, 1868, ten days after their appointment] that such diplomas or certificates ought to be granted, after due examinations, to persons who are already, or shall hereafter be, entered upon the Medical Register." He was not going to say that the balance of evidence obtained was not in their favour, as he had not had time to peruse it. He confessed, however, that his wits were not so rapid as those of the Committee; and he considered that the Council was entitled to be consulted in the matter. Dr. Alex. Wood prevented an important document, sent in by the Edinburgh College of Surgeons, from appearing on the Minutes; had that document so appeared, it would have been evident that that College had some ground for taking action when they found by this letter that the Committee had already prejudged the question. He would prove that there was some reason why they should hesitate and consider this matter before expressing any definite opinion thereon, by the evidence of one of their own witnesses, Dr. Maclagan, of Edinburgh, a witness who had as much experience in forensic medicine, and the duties connected therewith, as any man in the profession. Dr. Maclagan had brought forward statements which at least should make the Council pause before they established a new qualification upon their Register. He (Dr. Wood) did not wish to argue that there should never be a qualification in State Medicine, but he was not at present in a condition, nor were any of the licensing bodies in a condition, to consent to the establishment of this new licence. No doubt there was a great want of that scientific knowledge which was necessary for successfully preventing disease; but by establishing the new qualifications, they would be discouraging the exertions made to extend that knowledge among the profession generally. Dr. Maclagan said, "I regret that I cannot concur in the movement which has led to the appointment of the Committee on the subject of granting diplomas or certificates in State Medicine. It is quite right to pay due regard to the interests of existing health officers, but a far more important point is to pay due regard to the interests of the profession generally; and I think that by the creation of a separate class of graduates in State Medicine, these will be seriously compromised." They ought to pause before instituting these licences, because thereby they might possibly

prevent the subjects of State Medicine, the laws of health, and matters generally classed with them, from being more generally and satisfactorily studied by the profession. He (Dr. Andrew Wood) asked the Council not to commit itself without taking time to consider the question in all its bearings, and consulting the various licensing boards. Having done that next session, they might come to a deliberate judgment, based upon a thorough knowledge of the subject. Possibly by that time, having studied the evidence, he might arrive at the same conclusion as the Committee; but most unquestionably he was not inclined to follow their example, and to decide upon the question before considering the evidence.

DR. ALEX. WOOD said he heartily concurred in Dr. Acland's motion, and thought the speech to which they had just listened was the natural sequence of the document from the Edinburgh College of Surgeons, which the Council had refused to enter on the Minutes. They were told that the Committee had gone a little too fast in the proceedings they had taken, but the body whose authority had been quoted against their decision had gone a little faster still. In the memorial sent up by them they stated their strong disapprobation of the proposal to institute by special examination a new class of medical men, or rather, specialists,—first, as being entirely opposed to the spirit of the Medical Act, one great object of which was to obtain as nearly as possible uniformity of qualification for entering the profession, leaving each to find his own level; and, secondly, because they believed that the introduction of such specialism would tend to lower the profession. The College represented by Dr. Andrew Wood were not opposed to the institution of a degree in State Medicine; they were not opposed to the Report of the Committee, but they were opposed to the Committee undertaking the inquiry at all. He always understood that the Medical Council was created by Act of Parliament for the purpose of advising, supervising, and sending recommendations to the different licensing bodies. They had received two extraordinary communications that session—one that a board was going to sit and watch their proceedings with the view of advising them; and the second, that the Royal College of Surgeons of Edinburgh disapproved of their appointing a Committee to investigate a subject.

DR. ANDREW WOOD said it was not so. What the College did not approve of was, the instituting of licences in State Medicine in the way proposed.

DR. ALEX. WOOD was always willing to take the explanations of the representative of the College, but when he had an official document before him (emblazoned with a beautiful seal), he preferred being guided by that authority. The Council was instituted by Act of Parliament for the purpose, not of receiving recommendations from the licensing bodies, but of sending its recommendations to them. It was its duty to institute improvements in medical education, not merely to receive improvements instituted by the educational and licensing bodies themselves. The question at issue was narrowed to this: Would the institution of separate examinations, and separate education for this special purpose, improve medical education? He thought it would. No one could take up a newspaper and read the report of a trial where a medical witness gave evidence upon matters connected with the profession without feeling ashamed, and conscious that the medical profession appeared at a very great disadvantage when brought into contact with some of the sharpest intellects of the country. The reason of this was that medical men were expected to know a great many things in which they were not educated. The great bulk of medical men were exclusively educated with reference to the treatment of disease, but there were a number of cognate questions connected with the profession which it was falsely believed every medical man was as well acquainted with as with the exercise of the healing art. He recognised the force of Dr. Maclagan's statement, that if they educated a separate class of medical men for this special purpose, there was a danger of forgetting to educate the whole body up to the point to which they should be educated, and it would constantly occur that a medico-legal inquiry would have to be made by a man who had merely received an ordinary education; but, in answer to that objection, he asserted that the fact of their having a class of men specially educated in these subjects would tend to stimulate the others, so that instead of neglecting these branches of the profession, they would be inclined to further them. Giving evidence about three weeks back before a committee of the House of Commons, he was asked, "Would you think it advisable to appoint the Poor-law medical officers throughout Scotland to be officers of health in the districts?" He said he could not, in the present state of medical education, recommend that, because there were very few of these Poor-law medical officers who were educated in the special subjects which an officer of health ought to know. He was asked, "Whom then would you recommend?" and he replied that there were not a sufficient number of persons specially educated for that purpose; and when he gave that answer, he had in view the fact that the Council was then inquiring with a view to establishing a class of men upon whom the public could place some dependence in questions of this kind. The second fact was this, that there was no profession which ought to give these answers regarding the public health except the medical profession. If they were, in their present condition, unable to give them, it showed some defect which it was the business of the Council to remedy. He strongly objected to the assertion that granting this qualification would tend to train up a class of "specialists"—a word that was used in the memorial in an obnoxious sense. (No, no.) If there were not sufficient means for educating men in this department of the profession existing at present, whose business was it to supply the omission? Dr. Andrew Wood told them to go down to the different bodies and call upon them to do it. Those bodies had been in existence many years, and not one of them had ever moved a step in that direction. Surely there was nothing offensive in the Council saying to them, "If any of you agree with us that it is necessary, in the interests of the profession and the public, that this should be done, we will give you facilities for doing it by asking Government to allow us to register your degrees." That was all the Council had to do, and it would not interfere in any way with the separate action of the licensing bodies.

DR. STOKES defended the Committee against the attack made upon it by Dr. Andrew Wood, and maintained that it had acted throughout in accordance with the instructions of the Council.

DR. AQUILLA SMITH said, as a member of the Committee, he was taken by surprise at the course pursued. He expected that the report would simply have been received without discussion, and means taken to circulate it amongst the profession. He was opposed to discussing the report in detail at present.

DR. STORRAR said if the proposal was merely to enable the Council to insert a qualification in State Medicine on the Register, supposing such a qualification to be granted, it was reasonable enough; but he, with others in the University,—though admitting that there was a growing knowledge which might eventually develop to that point which would justify the institution of a degree in State Medicine,—entertained considerable doubt as to whether their knowledge had at present arrived at that point. In the University of London they had a Faculty of Medical Science and a Faculty of Science, and a considerable number of their graduates in Medicine took the degree of Bachelor of Science before proceeding to Medicine at all. The consequence was, that those men who had taken the degree of Bachelor of Science and Doctor of Medicine, and had taken a good position in Medical Jurisprudence, were probably as advanced in State Medicine as any men at the present time. The proposed degree would be a very serious danger if it were proposed to initiate an examination in State Medicine, from the very foundation upwards. If it was ever instituted it should be an outgrowth at the top of medical science. Individually he had considerable doubts as to whether he could point out a special curriculum of study for a Doctor of State Medicine apart from any other kind of doctor.

DR. ANDREW WOOD moved the following amendment:—"That the Council come to no decision on the desirability of inserting in any amended Medical Bill permissive clauses for providing a qualification in State Medicine, but that the matter be delayed till next session; and that during the recess the report of the Committee on State Medicine, with the evidence appended, be sent down to the licensing bodies for their consideration."

MR. HARGRAVE seconded the amendment.

Six o'clock having arrived, DR. RUMSEY moved the adjournment of the debate, and the Council then rose.

THURSDAY, JULY 8TH.

The Council reassembled at two o'clock, the President in the chair.

Dr. ANDREW WOOD proposed,—"That, after the formal business of the day, the Council should break up and resolve itself into committees." He believed that time would be saved by the adoption of this course of proceeding, and added that if it was not adopted the Committee on the Medical Acts would not be able to prepare their report in time for a full discussion by the Council during the present session.

Dr. ACLAND and Dr. RUMSEY expressed a hope that the discussion on State Medicine might be disposed of before the adjournment.

After some conversation on this point, Dr. Rumsey, who was entitled to resume the discussion on State Medicine, having moved the adjournment yesterday, waived his right. The Council thereupon adjourned, and the several Committees at once proceeded with their deliberations.

FRIDAY, JULY 9TH.

The Council reassembled at two o'clock, the President in the chair.

Dr. RUMSEY, in resuming the discussion on State Medicine, said that some of the misconceptions which had arisen respecting the proposals of the State Medicine Committee might have been averted had it been possible to comply with the wish of the Council, expressed last year, that the Committee should send in its report to the Executive Committee, and that it should be printed and circulated among the members of the Council prior to the present session. He regretted that that had not been done, and that an opportunity had not been afforded to the members of the Council to examine the Committee's Report. The resolutions of the Council clearly showed that there existed a public demand for a new and distinct qualification in State Medicine, which the Council was called upon to supply. It was evident that, however much the condition of future practitioners might be improved by better elementary teaching, there was a wide field of practical instruction to be cultivated which should be verified by a special certificate. The special qualifications to which he alluded could not possibly be imposed upon all students without interfering dangerously with studies which were acknowledged to be of importance. It was said that the Committee had prejudged the question. In truth it had only laid down a principle, without drawing any conclusion as to details. The only body by whom the question had been prejudged was the College of Surgeons of Edinburgh, which denied the necessity of any measure such as that propcsed. The Committee perceived that the present necessities of public medicine could only be met by fresh legislation, and that the Medical Act did not give them power to meet those necessities. They were not attempting to enforce any final measure upon the Council, but only asking for a permissive enactment, which would enable them ultimately to register as distinct and additional qualifications those certificates of proficiency which might be granted by the universities of the kingdom, and perhaps by other boards which it might be found necessary to establish. To postpone the requisite clauses to another session would be virtually to invite defeat: for if the Government should carry through an Amendment Bill without inserting the permissive clause now suggested, the opportunity for legislation in that direction would for the present have passed away; and it would also be regarded by the Government as an admission that the Council felt themselves incompetent to undertake the matter. He acknowledged the efforts which the University of London had made in the required direction, but that University had not proceeded to embody the various subjects in one intelligible and practically useful qualification,—it had not produced the *ensemble* which the public service required. The older universities in the kingdom were setting a most valuable example in this matter, which he hoped would be followed by other bodies. The Committee could not be called precipitate in urging the matter strongly upon the Council. When Government was applied to with regard to the appointment of highly-qualified officers of health all over the kingdom, the answer frequently was, "True, the thing ought to be done; but where are the men?" If the Council declined to aid in the preparation of a measure to supply the deficiency, it would afford the Legislature an excuse for inaction. Ought they to postpone the question from year to year until the Government took the matter in its own hands, and set the Council aside? If so, he could only say, "Fiat justitia, ruat hoc consilium." Dr. Rumsey then cited the opinion given by Mr. Simon in 1855, the opinion of the Registrar-General, and the resolutions passed at the Social Science Congress in Birmingham, with regard to the requisite qualifications of officers of health. Among the answers received by the Committee, and published in the Appendix to their Report, he said, the only adverse opinions were those expressed by the College of Surgeons of Edinburgh, and Dr. Maclagan. All the other answers were more or less of a favourable character. He believed that prompt action in the matter would redound greatly to the credit of the Council, increase its influence with the Government, and enhance its reputation throughout the continent of Europe.

Mr. HARGRAVE complained that the report had not been circulated among the members of the Council before the present session, and contended that the Council was not at present in a position to adopt the suggestions of the Committee. The recommendations which the Committee had received and published were of the most varied and contradictory character both as regards the subjects to be included, and the period over which the course of education should extend. He suggested that the licensing bodies should appoint a professor of hygiene, following the example of the Royal College of Surgeons in Ireland. The lectures of the professor were always crowded, and the appointment had proved a most valuable one. As medical men they were insisting on a minimum of education, but the State Medicine Committee were recommending a maximum of education which would never be carried out. He maintained that nothing could be done until the report of the Committee, with the valuable statistics accompanying it, had been circulated amongst the licensing bodies.

Dr. BENNETT said it was quite impossible to take into consideration the whole of the Committee's report during the present session. It contained a vast amount of very important matter deserving the most careful consideration. The question at present before the Council was whether it should now open the door to the admission of new qualifications upon the Medical Register. If one new qualification were introduced, the door would be open to the introduction of several. One of the Committee's correspondents suggested that there should be a diploma for toxicology, and a special qualification had also been recommended for midwifery. He had great doubts as to whether any new qualification should be introduced; but he was not disposed to throw cold water upon any efforts that might be made to encourage the study of State Medicine. He intended to vote for the amendment of Dr. Andrew Wood.

Dr. FLEMING said he agreed with the remarks made by Dr. Bennett. The Committee, he said, were appointed to report on the steps proposed to be taken, if any, for instituting diplomas in State Medicine; but upon that subject not a word was to be found in their report. They had given the Council a large mass of evidence on the subject, but had not given the Council the benefit of their own opinion. He thought they would not be prepared to enter upon the subject before considering the question, whether or not the diploma in question ought to be instituted. He did not wish to give any opinion on the subject at present, but he desired further information as to what was intended, and as to what privileges the new diploma was to confer. Was it intended that the holders of the new qualification were to interfere with the privileges of ordinary practitioners? If the body of a child was found under a hedge, was not an ordinary practitioner who might be called in qualified to report whether the child was born alive or dead? If a man was found with his throat cut, was the ordinary practitioner to stand aside until the State doctor arrived to decide whether it was a case of suicide or murder? These were matters on which further information should be afforded; and he thought the Council ought not to be asked to act precipitately. If the door was once opened, a long list of qualifications would press for admission. If they opened the door to specialists, where would they end? He begged that the Council would not hastily decide on inserting a qualification in any subject. The Committee was asked to report on the steps proper to be taken, but it had

done nothing of the kind; it had only given the Council a mass of evidence of the most contradictory character, both as regards the subjects and the time over which the course of education should extend. The members of the profession had been accused of a want of knowledge of the laws of evidence, and also with a flippancy of manner, and giving hasty and tortuous answers. Who could say that a professor of good manners might not be included among the persons appointed under the new scheme of education?

Dr. QUAIN read several extracts from the Appendix to the Report with a view of showing the vague, uncertain, and conflicting character of the information received by the Committee. He thought that nothing should be done until the opinions of the licensing boards had been ascertained.

Dr. MACROBIN reminded the Council that they only sought permission to register the diploma, and that unless that permission were inserted in the new amended Bill, it might be very difficult to obtain it subsequently.

Dr. A. SMITH thought that time would be saved by the adoption of Dr. Acland's motion, which would not be carried into effect unless the principle was affirmed by the licensing bodies.

Dr. SHARPEY thought that every encouragement should be given to medical men to increase the number of their qualifications, but he questioned the expediency of acknowledging an independent qualification in State Medicine. At any rate, before taking any proceedings, the Council ought to know what shape the qualification was to assume. It was said that if the Council did not proceed at once the opportunity would be lost; but he thought there would be no difficulty in introducing a new amendment if it should be required, as was done in regard to the Pharmacopœia. The Universities might grant degrees in the subject to which reference had been made, but he thought that the Council was not at present prepared to recommend the introduction of such qualifications in the Register.

Mr. HAWKINS thought that Dr. Acland's motion ought not to be carried without a specific statement that the new qualification should be in addition to any of the qualifications sanctioned by the Medical Act. With such an addition, he should be disposed to vote for Dr. Acland's motion, but he thought that more detailed information should be afforded before any definite steps were taken.

Dr. THOMSON thought it was possible to amend the resolution, but he deprecated its entire rejection.

Dr. ACLAND, in reply, said the Committee had every reason to be satisfied with the discussion which had taken place, and to be grateful for the close attention which had been given to a very difficult question, although the peculiar character of the discussion was one which the Committee, for very good reasons, and equally good motives, desired to avoid. They had not thought it their duty to do what some of the strong opponents of the measure had done—namely, to make a selection of the different opinions expressed in the Appendix. The quotations made by Dr. Quain by no means represented the general tenour of those opinions. The objections raised to the simple proposition of the Committee that a permissive clause should be obtained, came under one or other of these three heads: that the plan was unnecessary, that they were not proceeding in a right manner, or that they were not acting at the right time. With regard to the first point, the Council, with the exception of Dr. Andrew Wood on behalf of the College of Surgeons of Edinburgh, were almost unanimous. There was a strong conviction in the public mind that something ought to be done in the way of preventive medicine; and unless the Council expressed an opinion for or against that conviction, they would absolutely abrogate their functions altogether. The objection as to the mode of proceeding seemed to be that the Committee ought to have brought before the Council the mass of matter contained in their report, and asked them to come to a definite conclusion upon it. When this matter was brought before some of the ablest men in the University of Oxford, they asked, "What does the Medical Council think? It is for the Medical Council, which is the expression of the sense of the universities and medical corporations of the country, to give us the cue in this matter. Directly it is shown to us that it is our duty to proceed in this matter, we will proceed." If the Council had waited until all the universities and corporations had spoken, in all probability they would have to wait a very long time, and then have had an equal diversity of opinion presented to them. He therefore thought the Committee acted respectfully towards the Council in recommending in the last clause of the Report that the documents should be sent for the consideration of those bodies, and that in the meantime, anticipating their wishes on the subject, the Council should give them proof of their willingness to institute additional qualifications, and to have those qualifications registered, if it was so desired. The last objection was as to the time. The Committee had done their very best to bring the documents before the Council as early as possible, and no harm had been done by the delay which had taken place. The matter was now brought before them just at a time when the Government had asked the Council if they had any amendments to propose to the Medical Act, and the Committee said, "We wish for power to register these qualifications, if the licensing bodies desire it." Dr. Andrew Wood proposed that the answer should be, "We cannot make up our minds." It would be extremely unsatisfactory to the public mind if a sort of "previous question" were moved on a subject of such importance. If the amendment were lost, the Committee would, of course, not object to adding to or modifying the resolution, so as to make it more acceptable to the Council. They were quite ready to accept any other resolution to the effect that in the present state of medical science it was desirable to recognise the existence of these sanitary officers, but the words of the resolution submitted to the Council were suggested by Mr. Ouvry, whom the Committee consulted on the matter.

Dr. Andrew Wood's amendment was then put to the meeting, and lost, 9 voting in its favour and 13 against it.

Dr. QUAIN then proposed another amendment, to the following effect:—"That the Council, whilst expressing their entire approval of an improved education in State Medicine, and of a definite recognition of the attainment of individuals in the subject by certificates of special proficiency or otherwise, recommend that the Report and Appendix be forwarded to the licensing bodies, with a request that they would favour the Council with their opinions on the following points."

Dr. ANDREW WOOD seconded the amendment.

Dr. RUMSEY thought the omission to ask for power to register was fatal to the amendment.

In answer to the President,

Dr. ACLAND said the Committee were unanimous in proposing that the new qualification should be an additional one to persons already on the Register.

Dr. ANDREW WOOD thought Dr. Quain's amendment went in the right direction. It intimated that they considered that the information of the medical profession with regard to State Medicine was deplorably small, and that means should be taken to correct this great error. It stated also that they thought there should be some recognition of superior knowledge, but it did not lay down that this should be done by instituting a new diploma. It would be better to leave the licensing bodies to state their opinions on the matter—to give them categorical questions to which they might send categorical answers. This would be the most judicious course to take, because, although the question of State Medicine was very familiar to the members of the Committee, who had devoted a great many months to the consideration of it, it was not familiar to the licensing bodies, who would be greatly benefited by the perusal of the evidence collected by the Committee.

On a show of hands being taken the amendment was lost, the numbers being—for 9, against 13.

Dr. THOMSON then proposed another amendment:—"That the Council recognises the importance of improving the knowledge of licensed medical practitioners in State Medicine, and is favourable to the recognition of superior attainments in that department in the Medical Register; and, with a view to obtaining the opinion of the various licensing bodies as to the mode in which these objects may be best accomplished, they resolve to send the Report of the State Medicine Committee, and the evidence contained in it, to the several licensing bodies, with a request that the Council may be favoured with their opinions on the subject."

Dr. ANDREW WOOD seconded it; but this, too, was lost, 11 voting against it, and 9 in its favour.

Mr. HAWKINS proposed, and Dr. STOKES seconded, "That the following words be added to the motion:—'In addition

to any of the qualifications sanctioned by the Medical Act.'" This was carried, 14 voting for it, and 3 against.

The motion, as amended, was then adopted by the Council.

THE PRESIDENTSHIP.

The PRESIDENT.—There is a question, Gentlemen, which concerns you all, and me personally. It is this. Last year you did me the extreme honour of re-electing me president of your Council, and upon that occasion I accepted that distinction with a certain reservation. I expressed to you my thanks for the compliment; I also informed you that I could not accept the appointment of president of this Council upon the usual terms—that is to say, the holding office as sanctioned by our standing orders for a period of five years. There seems, unfortunately, to have been some misapprehension upon this point in the minds of some of the Council; but that matter, I think, was put straight before ourselves and the public on the first day of the meeting. I do not wish, therefore, again to advert to those circumstances. My intentions then, upon the occasion when I accepted your compliment, were of course only known perfectly to myself; but I expressed them rather vaguely to you, stating that I could not undertake to perform the duties for the usual period of service. My intentions then have been very nearly accomplished. I fully made up my mind to hold the appointment of president of this Council until the commencement of this session, or as much longer as the public business of the Council might require, and as might suit the convenience of members of the Council. Since the meeting of this Council, I have intimated to several of you my intention of resigning, and very complimentary observations and speeches have been made to me by friends around the table, urging me not to resign my office at the present time, but to remain for a little time longer in the president's chair, and conduct matters of business which were in progress until they could be brought to a satisfactory conclusion; but having from the beginning of this session made up my mind as to the course I should pursue, I do not feel, in spite of these flattering communications, inclined to depart from my intention. I am averse to holding the distinguished post in which you have placed me, both for private and for public reasons. Those private reasons I have on several occasions mentioned to various members of the Committee who have kindly spoken to me upon the subject. I am not going to be so egotistical as in any manner to bring them before the Council as a body. With respect to the public reasons, there are many members who know very well what are my feelings and principles upon a question of this kind. When any man, be he who he may, has had the good fortune to obtain such a distinguished post as I have occupied now for nearly six years, I do not think he should continue to hold that office beyond a certain length of time, nor should he hold it in any way that might cause it to be supposed that he did so simply for personal glorification or personal interest. The Latin poet has said,

"Non cuivis homini contingit adire Corinthum,"

and it is perfectly true we cannot all of us arrive at those positions which we may be worthy to attain. The good fortune of holding prizes is given but to few. By your great favour I have been raised to the distinguished post of President of the Medical Council, but I do not see why I should stand in the way of other men, who are as good, or better than myself, arriving at a similar distinction. That is the public ground upon which I am averse to occupying any longer the position which I have coveted, which I have held with pride, and with a deep sense of the honour that has been conferred upon me. I do not think there is anything more to be said upon the matter before I descend from this honourable position in which you have placed me. When I resigned my office last year, I expressed feebly my thanks to the official members of the Council for the very valuable assistance they have given me in the performance of my public duties. I now renew those thanks. But I feel that last year there was an omission on my part, and before I leave to-day I am anxious to supply it. It relates to the public press, and more especially to the gentlemen who sit at that table as the reporters of the public press. I cannot retire from this chair without expressing to them my admiration of the accuracy, the fidelity, and the impartiality of their reports. I cannot help also expressing my gratification at the extreme prudence, and tact, and circumspection with which the conductors of the public journals have adverted to the proceedings that sometimes have taken place at this Council. I have nothing more to say except that I hope, in leaving you, I leave a fair name behind me, and that I do sincerely trust you will condone and make allowance for many of my shortcomings in the performance of duties, which I am sure you will admit upon many occasions have not only been responsible, but arduous and painful. Gentlemen, I thank you all for having supported me as your President, in my endeavours to conduct public business, and maintain order in the proceedings of the Council; even those who have differed from me deserve my best thanks for having supported me in the performance of my duties. With these few words I bid you farewell, and resign to your hands that honourable office which I have now held so long. I have no doubt, now that you have had time and opportunity of meeting and conferring together, you have decided upon some one who is anxious to uphold the honour, and reputation, and utility of this public body.

The President then retired.

Most of the members of the Council were evidently taken by surprise at the announcement of the President, and for a short time were doubtful as to what course to pursue.

Dr. STOKES having been temporarily voted to the chair,

Mr. HAWKINS said he was sure that the late President had heartily desired to advance the interests of the medical profession, and the Council had every reason to be satisfied with the manner in which he had filled his office. He moved, "That the warmest thanks of this Council be given to the late President for the admirable manner in which he has so long conducted the business of the Council, for the kindness, ability, and impartiality which he has uniformly displayed towards the members of the Council, and the determination he has shown on all occasions to conduct the business of the Council with a view to the improvement and the education of the medical profession and the welfare of the public; and that this motion be communicated to the late President."

Dr. CHRISTISON seconded the motion, which was unanimously adopted.

The members of the Council then retired into the adjoining room to confer privately on the subject of the Presidentship. After an absence of a quarter of an hour they returned, and the reporters were requested to withdraw, in order that the Council might deliberate in private.

After some discussion among the members, two gentlemen were nominated to the office of President—Dr. Paget and Mr. Cæsar Hawkins. The choice fell on the former, the numbers being 13 and 7.

Dr. PAGET then took the chair, and acknowledged the compliment which had been paid him.

Mr. CÆSAR HAWKINS also addressed the Council, thanking those members who had supported him, and expressing his belief that the Council had acted wisely in selecting Dr. Paget.

The Council then adjourned.

SATURDAY, JULY 10TH.

The Report of the Finance Committee was brought up, showing the estimated excess of expenditure over income for 1869 of £575.

In the debate that ensued, it was moved by Dr. ANDREW WOOD, and seconded by Dr. QUAIN:—"That the members of Council be allowed five guineas a day for six days, or whatever number of days under six the Council may sit. That whatever the duration of the session of the Council, the sum paid to each member shall not exceed thirty guineas. That when a member is absent without the permission of the President from any meeting after the sixth day, he shall forfeit the sum of three guineas for each day that he may be so absent. That the travelling expenses and hotel expenses remain as at present." The motion was strongly opposed, and various suggestions having been thrown out to shorten the sitting of the Council, Dr. CHRISTISON proposed an amendment:—"That the annual session be limited to six days; and that the powers of the Executive Committee be extended in the Medical Acts Amendment Bill, so as to allow any remaining business of the

Council to be transacted afterwards by the Executive Committee." On the vote being taken, the numbers for and against were equal; and the Chairman declining to vote, the amendment was declared not carried. An amendment was then proposed and agreed to:—"That it be remitted to the Executive and Finance Committees jointly to consider and to report on the best means of lessening the expenditure of the Council."

The Report of the Committee on Medical Education was brought up by Dr. Andrew Wood, and ordered to be entered on the Minutes.

A proposal was made that copies of the Report should be sent to the Lord President of the Privy Council and other high functionaries; but the objection being raised that the Council had not yet approved of the Report, the motion was withdrawn.

It was resolved that the Report be taken into consideration at the next session of the Council; and that in the meantime it should be submitted to the consideration of the various licensing bodies.

The Report of the Committee on Preliminary Education was brought up by Dr. Alex. Wood, and ordered to be entered on the Minutes.

A debate followed, and eventually the following resolution was agreed to:—"That the attention of the several medical corporations be drawn to the recommendation (No. 4 of the Recommendations and Opinions issued by the Medical Council)—viz., 'That the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council,' and that their opinion be asked whether the time has not now arrived when this recommendation should be carried into effect."

MONDAY, JULY 12TH.

The greater part of this day was occupied in discussing the Report of the Committee on Amendment of the Medical Acts.

The Report having been received,

Dr. BENNETT moved, "That Clause 11 in the proposed Medical Amendment Act shall stand as follows:—'It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with any such parts of any regulations made by the authority of the said Acts, as to them shall seem fit, in favour of persons applying to have their names entered on the Medical Register in virtue of foreign or colonial diplomas or degrees.'"

To this an amendment was moved by Sir D. CORRIGAN,—"That it appears desirable, before any further attempt is made to introduce amendments of the Medical Acts, that a Royal Commission of Inquiry should issue, to take evidence from such members of the Medical Council, and such other persons as the Commission may see fit to examine, with the view of furnishing a report to serve as the basis for legislation."

After considerable debate, the amendment was put to the Council and lost, and the motion adopted.

It was moved by Dr. CHRISTISON, and seconded by Dr. BENNETT:—"That in the opinion of this Council it is desirable that power be given to the Medical Council to refuse registration to any one who has not been sufficiently examined both in medicine and surgery."

To this an amendment was moved by Dr. ANDREW WOOD, and seconded by Dr. EMBLETON:—"That it is desirable that power be given to the Medical Council to refuse registration to any person who has not both a legal qualification in medicine and a legal qualification in surgery."

The amendment was negatived, and the motion carried.

The following resolutions were agreed to:—"That, having carefully considered the objects of the Medical Act of 1858, and the constitution of the Council appointed under that Act to carry out its objects, the Council are of opinion that, for the purposes of the existing Act, the present Council is essentially well constituted."

"That the Council are of opinion that, if the Legislature should think proper to invest the Council with extensive powers and fresh duties, by which the profession at large would be brought more under the direct influence of the Council, then in that case the profession at large should have more direct influence in the appointment of members of Council."

"That in any future Act provision should be made for instituting prosecutions by a public prosecutor, or other authorised functionary, instead of leaving the enforcement of the law to the voluntary action of individuals of the public."

During the discussion several members of the Council strongly protested against these resolutions being brought forward on the last day of the session, when it was impossible that they could be discussed, and refused to take part in the proceedings.

The motion for the adoption of the Report was put to the Council, but the numbers being equal for and against, it was declared not carried.

Resolutions were adopted, authorising the President and Executive Committee to confer with the Government on the subjects referred to in the Lord President's letter.

The Report of the Committee on Returns from the Licensing Bodies of Professional Examinations and their results, and on Registration of Students for 1868, was received and entered on the Minutes.

Dr. ALEX. WOOD brought forward three resolutions, which were agreed to, empowering the Branch Council for England to investigate and take action upon the charges brought against Lima Abraham La'Mert.

It was moved by Dr. ALEX. WOOD, and agreed to, "That the Report of the Committee on the Rearrangement of the Recommendations and Opinions of the Council on Registration, Education, and Examination, be received and entered on the Minutes, and that copies of the recommendations be printed and sent as usual to the licensing bodies."

"That the following be included in the list of examinations which are considered sufficient evidence of preliminary examination in arts:—'Examination of (senior) candidates for Honorary Certificates under the Local Examinations of the University of Scotland;' and 'Voluntary Examinations of Christ's College, Canterbury, New Zealand.'"

The Report of the Pharmacopœia Committee, and some other documents, having been received, the usual complimentary votes were agreed to, and the business of the session terminated.

Reviews and Notices of Books.

A Practical Treatise on Metallurgy. Adapted from the last German Edition of Professor Kerl's "Metallurgy." By WILLIAM CROOKES, F.R.S. &c., and ERNEST RÖHRIG, Ph.D., M.E. Vol. II. (pp. 876).

WE regret that there is so little in this work to interest medical readers generally that we are not warranted in reviewing it at the length it otherwise deserves. It is certainly, so far as it has gone, the most complete work of its kind in the English tongue, and is very reliable. The second volume describes very fully the physical and chemical properties of the various ores of copper and iron, the methods of reducing them, the distinctive features and behaviour of the metals when reduced, and their suitability to purposes of commerce. The chemistry of the metallurgical operations is amply discussed. One subject of great importance, the re-melting of cast iron, hitherto but little noticed, occupies the prominent position it merits. On the other hand, the reader will be disappointed if he seeks for a detailed account of the Bessemer process, one short paragraph being all that is devoted to it. This interesting and ingenious method of treating cast iron, being less frequently used in the production of wrought iron than of steel, would, we suppose, properly come with the latter in the volume yet to appear.

Athletic Training and Health. By JOHN HARRISSON. London: Parker and Co. 1869.

THIS little duodecimo of a hundred pages should be in the hands of every man training himself for work. It appears to be an extension of a paper which obtained the

gold medal of the Athletic Society of Great Britain in 1864, and contains a very sound and physiologically correct exposition of the training necessary to develop both mental and physical powers to the utmost, not only in the male, but in the female. The author very properly remarks that below the age of nine or ten the education of children should be almost entirely physical; and the common practice of keeping children of such tender years at bookwork for more than half the day cannot fail to injure their constitutions, and weaken, rather than improve, their intellectual powers. He quotes Brodie, Ruskin, and Wordsworth as advocates of the desirability of maintaining the physical healthfulness of women at any cost, if only for the sake of posterity; and he gives concise directions in regard to the food, exercise, sleep, and general regimen adapted for those whose tastes lead them to pursue athletics as a sport, but which are not the less applicable to those who are compelled by necessity to perform severe work.

Observations on some of the Fundamental Principles and Defects of National Education. By NEIL ARNOTT, M.D., F.R.S., &c., Member of the Senate of the London University. London: Longmans and Co.

THERE are very few men who have done more in their day towards advancing the study of natural science than the author of this little work, which, like every production from his pen, is worth reading if only with the view of seeing how much may be compressed into a few pages, and with what simplicity of language a clear and original thinker can express himself.

An Introduction to the Elements of Pharmacy; or, the Minor and Major Examinations. By F. HARWOOD LESCHER, Pereira Medalist. London: Churchill and Sons. 1869.

STUDENTS of the present day enjoy manifest advantages over their predecessors of twenty or thirty years ago. Every effort is made nowadays to facilitate the study of any subject by the condensation, systematic arrangement, and classification of our knowledge of it. This work is intended as a guide to the salient points in the six departments of study —namely, Materia Medica, Botany, Chemistry, Pharmacy, Prescriptions, and Practical Dispensing. Taken together, these may be said to constitute the science of Pharmacy. The volume contains a large amount of information arranged upon an original plan, and it appears to have been very carefully and well done.

The Wholesale and Retail Druggists' Price-book. Compiled and Revised by Dr. ELLIOTT, according to the new Pharmacopœia. Third Edition. London: H. Silverlock. 1869.

THIS is a very handy, useful little work; and it appears to be regarded as such by the class of persons for whom it was more particularly designed. It is a carefully and systematically arranged price-book. The names of drugs, according to the British Pharmacopœia, and those of recent English and foreign preparations, are introduced and arranged in a way for easy reference.

MEDICAL OFFICERS OF ASYLUMS AND THE COUNTY ADMINISTRATION BILL.

To the Editor of THE LANCET.

SIR,—A question that has been in abeyance ever since the celebrated Bucks controversy has just cropped up in a very unexpected quarter. I allude to the dependent and precarious position held by superintendents of English county asylums; it has even been made the subject of remonstrance to Mr. Bruce, the Secretary of State.

A deputation of Middlesex magistrates, consisting of Mr. Pownall, Chairman of Quarter Sessions, Mr. Turner, Chairman of the Parliamentary Committee, and others, have had an interview with the right honourable gentleman, and the second of them expressed his fears that in the event of the County Administration Bill passing, old servants, good officers of the county, might be disturbed without compensation, and he trusted that provision would be made for them. This gentleman, while objecting to others having disturbing powers over the medical superintendents, would, however, reserve it to himself and his compeers.

The tenth clause of the Country Administration Bill provides that the executive powers of the county board may be delegated to a committee, but such committee shall not be deemed to be duly constituted unless it consist of an equal number of official and elected members, the latter of whom must be elected members of boards of guardians in the county.

The security, fortunes, and honour of a considerable number of medical men are thus placed absolutely at the disposal of this delegated committee, without any powers of appeal to, or redress from, any superior board or authority whatsoever.

That the medical journals, the various Associations, the General Medical Council, and others interested in the general or material prosperity of their professional brethren, should have so long overlooked this definite and pressing grievance, must be a matter of surprise.

The subject, nevertheless, had not escaped the scrutiny of some gentlemen of high standing, authority, and acquirements so far back as 1859—Her Majesty's Commissioners of Inquiry into the state of the Irish Asylums. In their valuable and instructive Report, page 9, the opinions and recommendations on the subject of asylum appointments are fully recorded; and with regard to this particular question, the power of discharging the chief officers, they report to Her Majesty that the Government, and not the visiting committees, should have a power of removal, founded on full investigation of the officer's incapacity or misconduct. This document is signed by Sir Thomas Redington, R. Andrews, Esq., Messrs. Lutwydge and Wilkes, the English Lunacy Commissioners, and by Sir Dominic Corrigan—names of men who have done the State some service.

The rights that have been bestowed upon the Irish superintendents must surely be the due of the English ones, nor should the inferior position of the latter be allowed to rest without redress.

The Poor-law medical staff have been long emancipated from the power of the village guardians. Will they allow their less fortunate brethren to come within their control? Will they not rather render assistance in obtaining the insertion of a clause in the County Administration Bill, that no medical officer of any asylum, maintained wholly or in part out of the public rates, shall be dismissed without the sanction of the Secretary of State being first obtained, and that founded on a full investigation into the officer's incapacity or impropriety of conduct.

I am, Sir, your obedient servant,

London, July 10th, 1869. ALIQUIS.

EXOPHTHALMIC GOITRE.

To the Editor of THE LANCET.

SIR,—In your report of Medical Societies for Saturday, the 19th inst., you mention the important communication of Dr. Cheadle on the above subject. Those of your readers who are interested in the subject may be referred to a paper communicated by the undersigned, and published in THE LANCET of June or July, 1861, "On Enlargement of the Thyroid, with Proptosis." I have seen several cases of the disease in question, and found the most reliable treatment to consist of tincture of iron internally, and the local application of compound tincture of iodine. Two or three instances are cited in the paper alluded to, and the results of my observations on the symptoms.

Apologising for intruding on your space,

I am, Sir, your obedient servant,

J. HAWKES, M.D.

County Asylum, Hanwell, W., June 26th, 1869.

THE LANCET.

LONDON: SATURDAY, JULY 17, 1869.

THE General Medical Council terminated its long session on Monday last. The most positive act of any importance which it has done since we wrote last was to carry a resolution to the effect,—

"That, in any amended Medical Bill which may be prepared for Parliament by the Council, *it is desirable* that the requisite permissive clauses for registering a qualification in State Medicine be inserted, in addition to any of the qualifications sanctioned by the Medical Act."

Now, we ought not to be suspected of any want of appreciation of the importance of medical and hygienic questions to States. We humbly say that questions of State Medicine receive a large amount of illustration in our own columns. Further than this, we think it extremely important that students should be better and more specifically educated, so as to be guides to public bodies in matters of preventive medicine, and so as to appear to greater advantage than they do in courts of law. But to the creation of a class or rather two classes of State doctors we see certain objections, which we hope will be seriously considered before this permissive power is put into practice. Amongst these is the obvious tendency of such a proposal to degrade the ordinary practitioner in the eye of the public and of the law: to remove him from the class of experts to that of common witnesses. We do not, indeed, think that it would be possible by any special diploma to invalidate the influence of men who enjoy the professional confidence of the public; but this would be the tendency of it. As Dr. FLEMING pointedly asked, Is a practitioner first called to a medico-legal case to make way for and give place to a State doctor? Then, again, it remains to be proved whether in Germany, where there is an elaborate system of State Medicine, that Dr. RUMSEY and Dr. ACLAND seem to covet, they are at all ahead of us either in matters of public health or in toxicology. We learnt the other day, that while the death-rate in London was 20, in Paris it was 23, and in Berlin it was 34. So much for public health. In regard to the questions in toxicology, both ROKITANSKY and PETTENKOFER tell the Committee of the General Council that such must be referred, not to State physicians, but to professional chemists. It would seem, then, that even if we had State physicians, we should still have to refer special questions to professional chemists. This Report of the State Medicine Committee, with the valuable appendices, is to go the round of the licensing and teaching bodies. We hope they will well study the question in all its bearings.

The above Report and the Report of the Committee on Education, which we shall comment on at a future time, give us a good idea of the fitness of the Council, as a body, for the prompt settlement of great questions. We may consider that it takes the Council about three years to come to definite opinions on great questions. The first step of its action is to propose a Standing Committee. The proposal probably occupies a large portion of a session. Then the Committee sits for a year, and brings up a valuable, or at any rate a voluminous, Report just before the annual session, much too voluminous to be disposed of during the busy days of the session. In the second session of the history of the question, it is produced, probably admired, and sent on a tour to the licensing bodies. So it is kept rolling on till the third session, when it probably ends in some tame recommendations, which are accepted or disregarded according to the whim of the individual bodies. All this time the questions are costing at the rate of £5000 a year. We cannot help thinking that this is a slow and dear way of disposing of great questions, which by other methods of machinery might be disposed of in a much shorter time, and at less cost. Sir DOMINIC CORRIGAN was guilty of the most severe reflection on the Council on Monday, when he proposed that a Royal Commission should issue to inquire with a view to the amendment of the Medical Act; but really if we are first to have a costly Council, and then to have the working of this inquired into by a Royal Commission, it seems to us that we had better do the whole business by Royal Commission, and relieve the present Council of its duties altogether. It is true that Sir DOMINIC did not carry his motion; but that such a suggestion should have been mooted in the Council is the best proof of grave doubts as to the working of it.

It is often said by the members of the Council—for it has no defenders outside—that, though constituted so largely of the representatives of vested interests, in the form of educational and licensing bodies, the individual members of it are entirely above considering the interest of their particular corporation, and think only of the public good. Now we will admit, that a body so constituted never did act more highmindedly; but when a question really touching the interest of the corporations has turned up, it has been easy to perceive the corporation spirit. Such a question arose, on Monday, on the report of the committee appointed to consider the amendment of the Medical Act, and to make answer to the remarkable letter of the Lord President of the Privy Council. This report, by the way, was not adopted by the Council, which shows what a division of opinion there is in the Council itself on the subjects mooted in his Lordship's letter. But on one point in the Medical Council there was universal agreement—namely, that they must concur with his Lordship in condemning licensing bodies which gave their diploma on an imperfect examination—that is, in Surgery only or in Medicine only. The Council were unanimous in asking powers in an amended Act to refuse registration to such diplomas. But here came the difficulty. If every licensing body gave a complete examination, then the diploma would or should be a complete one. And with this awful perfection would be abolished the necessity which at present exists, so much to the benefit of the different bodies, to get a licence to practise Surgery from one corporation and a licence to practise Medicine from another. Such a prospect was dreadful. It was to make each licensing body give a complete conjoint examination. The first thought that occurred was to sug-

gest explicitly that registration should be refused every man who had not a legal qualification in Surgery and a legal qualification in Medicine; but this was too bold an expression of consideration for existing arrangements to be successful, and the Council satisfied itself by asking powers to refuse to register any person who has not been sufficiently examined both in Medicine and Surgery. If the licensing bodies are wise, they will not get much ease out of this vague resolution, but will arrange among themselves so as to meet the universal demand for a single sufficient examination qualifying men for the manifold duties of general practice. Only in this way, it seems to us, will they forestall the rough interference of Parliament.

The worst symptom about the Council is its entire satisfaction with itself. It was moved at the last meeting that for the purposes for which the Council was created it was well and suitably constituted, and all suggestions of change were rejected—unless, indeed, it was to receive new powers, in which case it would consent to some change in its constitution. Dr. ANDREW WOOD well said that it was strange to think of such a resolution when half the profession were signing a petition of remonstrance and complaint. The new President, Dr. PAGET, may perhaps be somewhat shaken in his confident satisfaction with the actual by the fact of the Council not adopting the answer to the Privy Council of the Committee so ably presided over by himself. Be this as it may, the Council disperses under a very serious adverse public opinion, which is not likely to be changed by the Report of the Medical Acts Amendment Committee, which even the Council did not accept.

MEDICAL REFORM fills the air just now. It is strange that it should do so, ten or eleven years after a Council, composed of the leading men in the profession, or rather in the teaching and examining bodies of the profession, has been trying to put medical education on a satisfactory footing. And yet, to judge from the complaints which come from Parliament and all other quarters, we must believe that the Council has not discharged that duty for which chiefly it was called into existence. The examinations of the principal examining bodies are so little respected by the army and navy authorities that these have an examination of their own, which detects often the grossest ignorance in those who have got the common qualifications. It is enough to say that men may become surgeons and get licences to practise medicine from the Apothecaries' Company without being examined in their ability to recognise and treat the commonest cases of disease. The examinations which qualify for practice are not practical. We need say no more to condemn entirely the Council, which, up to its eleventh year, has permitted such things to go on. There is no individual member of the Council who approves of such examinations. But the members have been so much more considerate of each other than of the public interest that one of the last acts of the Council, at its present session, was to aver that, for its present functions, it was well and suitably constituted; and no representation to the Council produces the slightest abatement of its self-satisfaction.

Nevertheless, everybody outside is agreed that a Council with more power, one not amenable to any considerations so much as to the interest of the public, must be obtained. Now there are two or three very different views as to the way in which the constitution of the Council should be changed, if it is to be changed. We direct attention to a letter by Dr. HESLOP, in which one view of the matter is very ably stated. Dr. HESLOP would have a Council consisting of a smaller number than the present—say sixteen; and representing only the Crown on the one hand and the profession on the other. He regards it as superfluous to say that no examining board or university would be allowed a direct representation in such a Council as he argues for. The great end at which Dr. HESLOP aims even in this new Council is the establishment of a national examination, to be passed by all candidates previous to obtaining the State licence to practise. His description, in the style of a future historian, of our present legion of easy gates into the profession would be comic if it were not serious.

Another view of the change needed in the composition of the Council will be found in the speeches of the deputation from the British Medical Association. It is virtually an adoption of the plan of Dr. ANDREW WOOD for the simple addition of members to the present Council, to be elected by the practitioners of the country. This plan—that of the British Medical Association—we regard as impracticable and out of the question. It would tend to enlarge the present Council, and to leave the representation of the colleges and corporations predominant as at present. The costliness of such a body, and its composition, are sufficient objections to it.

While agreeing in the main with Dr. HESLOP, we do not do so entirely. We would not wholly exclude the teaching and examining bodies from a representation in a body which would be more powerful for the presence of experienced teachers and examiners, and which is wanted mainly to legislate on questions of education and examination. But if these bodies are wise, they will anticipate a compulsion to fuse which surely impends. The number of them has no justification in the wants of the day or in the nature of things, and cannot be recognised as a necessity in any future legislation. All that is wanted is a single examining board in each division of the country to give a qualification for general practice. The Universities will remain to give degrees or testimonials of superior attainment, which will be valued as honours in proportion to the difficulty of obtaining them. But though we think that the teaching and examining boards should have a representation in a Medical Council, it is monstrous that a Council should exist, as at present, mainly to represent them and their interests; and if anything could crown such an absurdity, it is that the high costs of this representation of the corporations should be paid, not out of the funds of the corporations represented, but out of the pockets of the general practitioners of the country. And all practitioners should combine to procure in the amended Act either such a mode of electing the representatives of the present bodies as shall express the general feeling of the profession, or another Council altogether, smaller in size than the present, for the most part independent of the corporations, involving a representation

of the profession which it is to regulate, and perhaps a representation of the best statesmanship and of collateral science. What an accession, for example, would it be to the strength and influence of the Council if the Home Secretary of the day or the Lord President of the Privy Council had a seat *ex officio*.

A third plan for improving the composition of the Council is to give the members and licentiates of the different corporations the right of electing the representative to the Medical Council. This plan is that of Mr. GANT, and has been approved by the Garioch and Northern Medical Association. If there were a probability of the continuance of the various corporations in their present form, we should advocate this method, as we have done; but really we see no probability of this. Half the existing boards will be superseded by the conjoint boards that must come to exist, and to continue their representation would be absurd.

There is one magnanimous piece of advice in Dr. HESLOP'S letter which, we hope, will be deeply considered—viz., that at this juncture the profession should display more anxiety for its own elevation, and through this for the public good, than for any mere addition to the severity of the penal clauses of the Medical Act against irregular practice. The only form of quackery which we should think it dignified in the profession to care much about is fraud. Contempt is the proper treatment of all forms of ignorant pretension. But the fraudulent representation of the possession of professional qualification should be made clearly criminal. There remain the cancer-plaster makers, indeed; but this is a matter for the public to care for, and protect itself against.

IN announcing the result of the annual election at the College of Surgeons last week, we referred to the almost unprecedented fact that the election of the President was not unanimous. Whatever may be the personal merits of the new President, it cannot be a matter of surprise that the Council should have shown a tendency to elect a gentleman whose name carries more weight with the public. A majority of votes, however, carried the day for Mr. COCK, who will thus be saved from presenting himself for re-election into the Council a year longer than would otherwise, in all probability, have been the case.

The election of the two Vice-presidents, following immediately upon that of the President, was marked, we learn, by the following noteworthy circumstance,—that Mr. SOLLY gained fewer votes than Sir W. FERGUSSON. The question immediately arose as to which gentleman was to be considered senior, and common sense would have said the one who received most votes. The President, however, decided—by the advice of Mr. TRIMMER, the secretary (who appears likely to rival his patron, the late EDMUND BELFOUR, in usurping the power of the president)—that the absurd rule of seniority governing the seats of Councillors elected on the same day must hold good for the office of vice-president. The bye-law regulating the election of the president and vice-president says nothing of the kind, however, and evidently contemplates the election of one vice-president at a time. We believe the decision of the President and Secretary on the present occasion to be entirely erroneous; and though the matter is of no great moment, and will probably have no effect upon the election of president next year, we refer to it in order to show the folly of blindly following a practice in the election of the vice-presidents which is irregular and inconvenient, and which is in no sense to be recommended because it may happen to have been sanctified by use, and sanctioned by successive secretaries.

Medical Annotations.

"Ne quid nimis."

THE ENGLISH PILGRIMAGE.

IN a very few days our great annual pilgrimage will commence. Even as we write, the devout are in many cases arranging the details of their journey, studying the language of the infidel countries through which they will have to pass, picturing to themselves the shrine as it will probably *not* appear to them when they reach it, and the more prudent of them "boiling their peas." The autumn trip of Londoners to the continent, to various inland parts of Great Britain, or, largest of all, to the sea-coast, is quite as much a task of duty to many of the English orthodox as is that pilgrimage to the shrine of the prophet which a devout Mohammedan must make at least once in his life. And as, in the latter case, the congregation of travellers from all parts is generally attended with epidemic disease, suffering, and death; so also in the former, although the result is not so immediately evident, a very similar fatality is frequently attached to the act of devotion. Every London medical practitioner of experience can tell of the influx of illness which October brings; of the patients who return to town with heartfelt thankfulness to Providence for the blessings of a home "*to be laid up in*;" of those vaguely marked cases of malaise and debility which can surely be traced back to typhoid; of the utter exhaustion which characterises the Alpine traveller who has trained himself to death's door. The lawyer is said to be misanthropic from always seeing the bad side of human nature; and so, in view of the countless numbers who are exceptions to our category, and return from their holiday refreshed and strengthened, we shall be accused of exaggeration and unnecessary foreboding of evil. We do not mind this if we thereby succeed in persuading one intending pilgrim to "boil his peas"—to so arrange matters, by a little exercise of foresight, that his pilgrimage may be easy and pleasant and his feet not blistered. It is our business to know, as the general public cannot know, that a very large amount of illness, and even death, is traceable to the annual English pilgrimage. We have lifted our voice in this journal, for many years past, against that pernicious system of drainage into the sea directly opposite the dwelling-houses which obtains in most of our watering-places; and happily, in several instances, this has been remedied. It will be the part, then, of prudent fathers of families to ascertain from their medical advisers, if they are themselves unaware, which of the watering-places on our coast are to be recommended or avoided on this score. A very large amount of security will be thereby obtained. But, in addition, there is one measure which is so self-evident that it is marvellous how frequently it is neglected. A large family will take up their quarters in a lodging-house which may, for aught they know, have just been tenanted by cases of some infectious disorder. No steps are taken to ascertain whether this be so. The rooms, not yet cool from their previous

habitants, with no time for cleansing and proper ventilation, are filled, perhaps, by a crowd of children peculiarly prone to the attack of any floating poison. How many cases of infectious disorder can thus be traced our London brethren know perfectly well. There is no doubt that the day must shortly come when the State will include amongst its functions the supervision of these residences for passing travellers, and will deem precautions against the spread of infectious disorder in middle-class apartments at least as important as those already in existence against overcrowding in the low lodging-houses of London. But until a Government officer of health is required to examine into and "pass" seaside lodgings, the only step that a prudent householder can take is to put himself into communication with a local medical man, who will be the most likely person to know whether there has been any objectionable case of disease in a particular dwelling. If the annual trip is to be undertaken with confidence and with a reasonable expectation of profit and pleasure, it should not be considered a work of supererogation to ascertain that the bed which is to be occupied by a healthy child did not give recent shelter to a case of fever.

ST. MARY'S HOSPITAL.

THE arrangement at St. Mary's Hospital, to which we lately referred as a possibility, has since become an accomplished fact, in so far as that Mr. Haynes Walton has been appointed to be ophthalmic surgeon to the hospital, and teacher of ophthalmology in the school, while he still retains his former office of surgeon. The appointment was made privately, no vacancy having been publicly declared, and no competition having been invited.

It is always painful to be compelled to deal with questions in which our comments may appear to cast censure upon individuals; but in this matter our duty as public journalists is plain. There is nothing more important to the profession, there are few things more important to the community, than that hospital appointments should be above suspicion; and it is necessary to avail ourselves of the concrete example, in order to call attention to the abstract principles at issue. It has of late years been the laudable custom of hospital governors to confer upon the medical staff the power of recommending, and virtually therefore of electing, the successors to vacancies in their own body; but this power is intended to be, and should be considered, not so much a privilege as a trust. It can only be defended on the ground that medical men are themselves the best judges of medical attainments, and that their integrity will induce them to judge and act impartially. It should have the effect of placing all candidates on an equality before a tribunal at once competent and just; and if it fails to do this, it fails in its essential purpose, and those who have given may with propriety take it away. Now it is unfortunately true that it has thus failed in some instances, and a belief has even been entertained to the effect that the members of a staff have occasionally attached more weight to irrelevant considerations than would have been accorded to them by non-medical governors. With such a belief in the face of apparent competitions, what can be said of instances in which there is no competition at all? It is obvious that, if a colleague be the best man for any office, he should have nothing to fear from the claims of others; and when he is privately installed, the suggestion is unavoidable, that the rest of the staff doubted, if the claims of others were rightly considered, their own power to carry through a transaction on which they were bent. A case in which it was proper to elect a colleague would also be one in which it would be expedient that every possible publicity should be given to the reasons which rendered such an exceptional course desirable.

Apart from the considerations hence arising, there are others which depend upon the *quasi* sanction thus given by the staff to the holding of many offices. It is one of the misfortunes of a specialty that those who do not follow it have but little knowledge of its extent; and we fear that this applies very completely to everything connected with the eye. There is nothing more astonishing than the incompleteness of the way in which ophthalmology is often taught. In 1859, the late Dr. Mackenzie, of Glasgow, addressed a memorial to the Medical Council, praying that they would render a proper study of eye disease obligatory upon every candidate for any qualification to practise. He then expressed the conviction, "as a conclusion derived from many years' experience as a lecturer on the eye, and as surgeon to an extensive eye infirmary, that the course of lectures should amount to not less than fifty, and the period of attendance on the practice of an eye infirmary, or the ophthalmic wards of a general hospital, having not less than twelve beds for operative cases, should not be less than six months." Since then the subject has grown enormously, and the evils pointed out by Mackenzie have likewise increased enormously.

Only on Monday, in addressing the students of Charing-cross Hospital, Professor Owen pointed to the eye as to an organ in which a perfect knowledge of structure, and a perfect knowledge of function, enabled the surgeon to produce and to predict results in a way that seemed miraculous. At Guy's Hospital, where the ophthalmic teaching is probably unrivalled in Europe, and where the attention given to the subject secures a corresponding abundance of material, Mr. Bader is engaged in the actual examination of patients, in the performance of operations, and in intercurrent clinical instruction, for a time varying from four to six or even seven hours, on three, and often on four, days a week, not including the time given to his lectures. But at St. Mary's a department that is of the very first importance—first by reason of the value of the organs with which it deals, and next by reason of the perfection of knowledge that has been attained in it, so that its professors are both pioneers and examples to the general surgeon—has been handed over to one of the surgeons to the hospital, as a mere addition to his duties. We believe it to be absolutely impossible for any man, who practises general surgery conscientiously and well, to keep himself *au courant* with the progress of ophthalmic work during recent years, and that the attempt to do so can end in nothing but failure.

THE INTERNATIONAL MEDICAL CONGRESS OF 1869.

THE International Medical Congress, which held its first meeting last year at Paris, will meet this year at Florence on the 20th of September, under the honorary presidency of M. Bouillaud. The work of the Congress will be divided as hitherto into two parts—namely, the discussion of the special questions in the programme, and communications on other medical subjects. The Committee have selected the seven following questions for this year:—

1. Marsh miasm: the conditions of its development in different countries; its effects on man; the curative and preventive remedies.

2. The therapeutic value of the different methods of treating cancerous diseases: their indications and contra-indications; the value of general treatment.

3. The treatment of gunshot wounds, in relation to the progress of the art of war and of modern international law.

4. The hygienic conditions of hospitals, and the value of home treatment.

5. The influence of railways on the health of man.

6. The conditions which favour the production of endemic

and epidemic diseases in great towns: the means of prevention, and the advantages to be derived from the proximity of great rivers and the sea.

7. The rights and duties of the medical man in relation to the Government in different countries, and the reforms which can be reasonably expected.

We must congratulate the Committee on the selection of the questions, and thank M. Palasciano for the able commentary on each which he has given in the programme. Several of the questions refer to topics which are agitating the minds of the profession in this country at the present time; and we therefore look forward to the Congress with much interest, and hope that England will be well represented.

THE "PALL MALL GAZETTE" ON MEDICAL EDUCATION.

WE are sorry to see our powerful contemporary, the *Pall Mall Gazette*, putting forward a view of the present tendencies of medical education which is mistaken, and is calculated to mislead the public. It thinks that the tendency of the present day is to cram the student with merely theoretical knowledge, which will be of little use to him in after-life, and to neglect that bedside training which alone can give him real experience. And the *Gazette* goes on to accuse the London University, of all institutions in the world, as being the fosterer of this system of unfruitful cramming. It would be difficult to misrepresent the facts more completely than this. The University of London has indeed enormously improved the theoretical studies of the medical profession; but it is even more to be praised for its especial attention to accurate clinical training, having been the first institution to set the example of examining candidates for degrees at the bedside of actual patients. We do not deny that there are tendencies, in some quarters, to cram the minds of students with useless matters. But instead of pointing to the innovations introduced by the University of London as the example of such malpraxis, we should point to the effete conservatism of the University of Edinburgh, which positively refuses to sanction the certificates of any medical school in which *less than* 100 *formal lectures* are given upon the subject of Materia Medica, which, as still taught in Edinburgh and nearly everywhere else, is nothing but the most wearisome and intolerably useless cram.

THE EPIDEMIOLOGICAL SOCIETY.

A MEETING of this Society was held on Wednesday evening, under the presidency of Inspector-General Lawson, to consider the resolutions submitted by the Royal Medical and Chirurgical Society as a basis for the formation of a Royal Society of Medicine. The resolutions were unanimously adopted by the Epidemiological Society; and representatives were appointed to take part in the projected general conference upon the subject. Some resolutions were passed, as suggestions to these representatives, on certain points with regard to which it was thought that the proposed scheme might be improved in matters of detail; and among these, on the motion of Mr. Carter, the title of Associate of the Royal Society of Medicine was objected to. The feeling of the meeting was, that the word "Associate" is generally used to distinguish an inferior grade; and that it would be better that practitioners who wished to join only one section of the proposed Society should be styled Members of the Society, or even Members of their particular section, rather than that they should be distinguished from the Fellows—who will be members of more than one section—by being called Associates. From the Epidemiological Society this objection comes with peculiar fitness; because many of its members are men of mature age and high reputation, who do not belong to any other medical society, and for whom any appellation suggestive of inferiority would be a manifest absurdity.

THE TAVISTOCK WORKHOUSE INFIRMARY.

THE guardians of Tavistock have denied some of the important allegations made before the coroner as to the attendance on Henry East, a poor lad who was said to have died in a ward in which there was neither attendance nor light. It appears that the paid nurse was "so confused" at the inquest as to have stated that which was untrue. The schoolmaster slept in the ward for seven or eight weeks before his death, and for a fortnight previous there was a light every night. This, however, is only a small part of the complaints made. We may, indeed, doubt whether a woman who is so easily "confused" is a proper person to attend the sick and dying; but we can have none whatever as to the impropriety of placing twenty-one patients under the care of two male inmates, one having but one arm, and the other being seventy-three, very feeble, and frequently laid up himself; the worst feature of the case being the fact that this unsatisfactory state of things has been permitted to continue, notwithstanding the remonstrance of the medical officer, officially made to the Poor-law Board a year ago. In July, 1868, in answer to the question "Is the nursing satisfactorily performed?" Dr. Sleeman replied: "There is one paid nurse. The under-nursing in the men's wards is very inadequately provided for." In December last he made a similar report, and now in July he has again said that "the nursing is not more satisfactorily performed than alluded to in last report"; so that every six months the medical officer has made the Poor-law Board acquainted with the unsatisfactory state of the nursing in this hospital. Dr. Sleeman also said that he not only complained of the bad nursing, but of the insufficient diet. It was not right that the patients should have boiled mutton from Monday morning till Saturday night; and the explanation of the guardians is that the oven is out of order. They ought to have added, to complete their justification, that there is not a tradesman in Tavistock who could be found to repair it.

The attention of the Poor-law Board has therefore been drawn to the defects in this workhouse every six months; yet there is no evidence to show that any action whatever has been taken or any remonstrance made. Medical officers of workhouses have been called upon to perform gratuitously an extra duty, very calculated to jeopardise their position and relations with the guardians. It is clear, however, that, after all, the arrangement is a complete sham, and that the Poor-law Board has not the courage to support the representations made, although involving, as in the present case, a charge of positive neglect. We should have thought that any old woman, let alone a clergyman of the Church of England, and even a colonel-inspector of the Poor-law Board, would have been able to perceive, without a doctor's opinion, that a feeble old man of seventy-three is unfit to attend sick men, especially those confined to bed, and that a one-armed man and an imbecile are most unfit assistants. But with such an opinion, neither guardians nor inspector have any tangible excuse. The responsibility, however, rests upon the Poor-law Board; and there can be but one explanation of the apathy displayed, which is the unsatisfactory nature of the agency employed. The whole matter is explained when we observe that Colonel Ward, the Poor-law inspector, arranged to meet a committee of the guardians to discuss the best plan for increasing the hospital accommodation. What confidence can the public have in the arrangements made by a retired colonel who has passed

the best of his days in a totally different occupation; and with what face can the Poor-law Board profess confidence in such an officer, or enforce his recommendations on professional subjects? The state of things at Tavistock is only the natural upshot of one of those precious jobs which characterised the late presidency of the Poor-law Board, so many non-professional inspectors having been appointed in direct opposition to the force of public opinion, and to the exclusion of men who have devoted their lives to the study and treatment of disease, and in whose skill and judgment the public could not but place confidence. Does anyone believe that no effort would have been made by a skilled inspector to support the representations of the medical officer in this case, or that the dignity and moral power of the Poor-law Board would not have been safer in the hands of a well-qualified physician than in those of a veteran too old for active service, and altogether disqualified, from want of special knowledge, for expressing any opinion as to the requirements of the sick? We hope that some member of Parliament will ask for the reports of this colonel-inspector on the Tavistock Workhouse, and that some renewed efforts will be made to impress upon Mr. Goschen the necessity of placing the workhouse infirmaries under the inspection of officers qualified for the duty by special education.

PETROLEUM.

THE Bill now before Parliament providing for the safe keeping of inflammable oils has been reprinted with the alterations which have been made in Committee. A new clause has been inserted specially to prohibit the keeping of nitro-glycerine, or glonoine oil, without a licence; and even under licence the bottle or vessel in which nitro-glycerine or glonoine oil is kept must have a label, to be specially devised by one of Her Majesty's principal Secretaries of State. The amended Bill repeals, in addition to 25 and 26 Vict., c. 66, and 31 and 32 Vict., c. 56, sections 8 and 9 of the Carriage and Deposit of Dangerous Goods Act (29 and 30 Vict., c. 69).

Parliament is asked further to legislate in a similar direction by a Bill brought into the House of Commons by Sir John Hay, Mr. Alderman Lawrence, and Mr. Graves, "to prohibit for a limited time the importation, and to restrict and regulate the carriage, of nitro-glycerine." The limit of the Bill is for one year, during which period it is proposed that no nitro-glycerine shall be imported into any part of the United Kingdom for any purpose whatever; and none of the substance is to be conveyed from place to place by any means whatever, whether by land or water, except under very special conditions.

It appears to us desirable that the objects embraced in these two Bills should be dealt with as a whole, and not by separate legislation.

A NEW MEDICAL SCHOLARSHIP.

A GRACEFUL act of acknowledgment has been offered by the authorities of St. Peter's School, Eaton-square, in recognition of the valuable aid afforded to this useful institution by upwards of 100 medical practitioners in the S.W. district of London, who signed a memorial to the Queen, recommending the presentation of a charter to the school. These gentlemen testified that the school "has proved itself, by the dissemination of sound learning for nearly forty years, a convenience to the neighbourhood, and worthy of general support." The authorities of the school have founded a medical scholarship, to be first competed for in July, 1870, by nominees of the medical memorialists. The successful candidate will receive his education free. The medical men who have signed the petition will each have the privilege of nominating one candidate (at each vacancy) to compete for the free scholarship. The scholar, after examination, will be selected for superiority of attainments and talents in proportion to his age. Each candidate must be under fifteen years of age the preceding 1st of January, and during good behaviour will be offered a free education in the school till the age of nineteen. The first examination for the medical scholarship will be commenced on July 13th, 1870; and the subjects will comprise English Grammar, History, Geography, Arithmetic, Algebra, and easy passages from Latin and Greek, to be translated at sight. Any unsuccessful candidate may, on entering the school as an ordinary pupil, retain his nomination against any future competition, and will, *cæteris paribus*, be preferred to fresh nominees.

Such is a brief sketch of the terms of this offer; for further particulars concerning which we must refer our readers to the Rev. B. W. Gibsone, M.A., Head Master. We have great pleasure in calling attention to this arrangement. Mr. Gibsone is widely known as a distinguished graduate of the University of London, and a good scholar; and we believe him to be a gentleman in whose hands St. Peter's School is likely to attain even a higher position than it has ever yet occupied. We know that he values very much the support of our profession; and we are sure that our readers, who are seeking a place of education for their sons, will do well to communicate with him, and glean information respecting a school which has sent forth a large number of distinguished pupils, and which displays, in the present graceful offer, an appreciation of the medical profession which ought to recommend it to members of our body.

FEVER IN MILE-END.

DR. STEPHENSON, having contracted fever in the discharge of his duty of district parochial medical officer, the guardians have accepted the services of Mr. Foster as his *locum tenens*, and have agreed to pay him at the rate of £2 2s. per week for his services. The occurrence of fever in Mile-end is easily explained. The Coroner, in a letter to the vestry, states that,

"In houses No. 1 to 5 Edward-street, there was found:—First, great overcrowding, there being in one house eight people sleeping in one room, the cubic dimensions of which would not much more than allow for two adults. Secondly, the privies are filthy, and without any water-supply. Thirdly, the waterbutts are rotten and without covers, and have a deposit of filth at the bottom. Fourthly, there are no receptacles for dust, and it is allowed to accumulate from three to four weeks, and even then not cleared away without the inhabitants can find halfpence for the dustman. Fifthly, in some of the yards there are no drains, and water when thrown down becomes stagnant and injurious to health. Sixthly, the houses are very dirty, and subject to very offensive smells. Seventhly, the occupants of some gypsies' caravans near, constantly empty their soil and filth down the gulley at the corner of the street. Eighthly, that much illness has prevailed in the houses; and that Dr. Stephenson, the parish doctor, has been in attendance from three to four weeks on the inmates of three houses."

It is not surprising that Dr. Stephenson has fever, nor that the parish is put to a great and unnecessary expense. It is indeed lamentable that the apathy on sanitary questions should be so great. Here is a state of things for which the law has provided an ample remedy. Under the authority of Mr. Torrens's Act, all necessary structural improvements could forcibly be made; under the ordinary Sanitary Act drains could be remedied, cleanliness enforced, and ventilation improved; and, under the Lodging-house Act, overcrowding can be entirely stopped. Notwithstanding a staff of inspectors, sanitary officers, medical officers, &c., with a vestry and board of guardians at their back, a

costly sickness nest is allowed to flourish. We would like to have a return of the parish relief expended amongst the inhabitants of these five fever dens during the last twelve months, and the number of visits paid to them by the medical officer. It would, no doubt, show a pretty balance against the ratepayers. We would like also to ask, if one intelligent, independent, and unofficial Christian gentleman had paid an occasional visit to these dwellings, with the object of being of use to the wretched inhabitants, whether he would not have set the officers in action long ago, and done more to prevent the sickness and pauperism to which such conditions give rise, than all the efforts of vestries and guardians of the poor? To bring public opinion to bear upon abuses like these would be of more use than an army of paid officials; and this can only be done by such a system of house-to-house visitation as we have frequently described, and which, if judiciously organised, is the only effectual method of checking the progress of disease and pauperism.

SICK-CLUB RATE OF REMUNERATION.

WE are glad to see indications that the movement set on foot last year by Dr. Heslop, and the Friendly Societies Committee of the British Medical Association, is progressing in a way that shows how intrinsically reasonable is the claim of surgeons to sick clubs for increased remuneration. The Loyal Benevolent Lodge of Odd Fellows have taken the same view of this claim as the professional leaders of the club movement did, and have adopted the rate of remuneration asked for by these,—that is to say, five shillings per member per annum, instead of three shillings; and, secondly, the payment of half-a-crown for the examination of candidates. The profession owes an acknowledgment to this Birmingham lodge of its liberality for anticipating, what will surely follow such an example, a general rise in the rate of payment for professional service. This acknowledgment is the more due, as the Loyal Benevolent Lodge has acted in opposition to the order of the Manchester Unity. We know of several other cases in which the rate has been raised to four shillings, and this only as a step towards the ultimate payment of five. When large and leading lodges are thus fighting the battle of the medical officers of sick clubs, it behoves the profession to exert itself, lest by a mean sense of the value of its own services, or of the generosity of the clubs themselves, this important movement should fail.

INQUIRY AT ST. PANCRAS.

MR. GOSCHEN has promised that an official inquiry shall be made as to the treatment of the sick in the St. Pancras Workhouse infirmary, and particularly into the case of Mary Allen, the poor woman upon whom an inquest was held last week. Unfortunately the St. Pancras Guardian Board is at present split up into two sections, and there is scarcely a subject discussed into which party feeling is not imported. Nor are the inspectors of the Poor-law Board altogether free of the quarrel which is raging. A vote of censure has been passed by the guardians upon Mr. Corbett for his favourable notice of the infirmary in February last, whereas a most unfavourable state of the drains existed, from the emanations of which the matron is said to have died and Dr. Gibson made permanently ill. Dr. Markham is also chief prosecutor in the present case. He has brought forward a series of charges of improper treatment, which must of course be submitted to an unprejudiced tribunal. In the interests of justice and harmony it is therefore most desirable that Mr. Goschen should place the investigation in totally independent hands. Indeed, it is a misfortune that such inquiries cannot be remitted to a more satisfactory court than he is able to establish.

THE WATER-SUPPLY AT GUILDFORD.

A CLINCHING fact has just been brought to light at Guildford—namely, that there are two privies situated within twelve feet of the well from which the water-supply of the town is now pumped. No special measures have been taken to keep out the filth, which no doubt percolates the extremely open soil, and gets into the well. It is to be hoped that the alderman who stated this fact, and who has hitherto been a staunch supporter of the present source, will now withdraw his opposition to the plans which have been proposed by Mr. Macdougal Smith. The public safety demands that no time should be lost, and it is to be hoped that the authorities will not fail in their responsible duty.

THE POSITION OF NAVAL MEDICAL OFFICERS.

OUR contemporary, the *United Service Gazette*, devoted its first leading article last week to the consideration of the position of the naval medical officers. The writer ably reviews the condition of the Medical Department of the Navy, and shows that, though apparently better paid than the corresponding *rank* of the executive, the medical officer is in a worse position, owing to the fact that his age is proportionately greater, and that he has had to sink a considerable capital in general and medical education prior to entering the service.

The Bill laid before Parliament by the First Lord of the Admiralty, to provide for the commutation of pensions payable to officers of the navy, has been printed; and its provisions, so far as they go, appear to be equitable and fair. As no scale of retirement pay has as yet been published, however, it is impossible to say how far the liberality of the Admiralty and the Chancellor of the Exchequer will take them in providing for those who are willing to accept a lump sum in lieu of all future claims upon the country.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE twenty-fourth annual general meeting of this Society will be held, by permission, in the museum of the Philosophical Society of York, on Monday, Aug. 2nd, under the presidency of Professor Laycock, M.D., F.R.S. In addition to the general business, which includes the consideration of the proposed union of the Association with the Royal Medical and Chirurgical Society, an address by Dr. Sankey, the retiring president, a vote of letter of condolence to the family of the late Professor Griesinger, and report of committee as to the state of the criminal law in relation to insanity, several papers on interesting subjects will be read. There will be an address by Professor Laycock, which is sure to be a good and thoughtful one. Dr. Richardson will read a paper on "Physical Degeneracy from Excessive Mental Strain," than which there is no more important subject. Mr. Lockhart Clarke announces a paper on a "Case of General Paresis," and will exhibit microscopical preparations of the brain and spinal cord. Dr. Tuke will read a paper entitled "An Apology for Lord Brougham on Psychological grounds"; and Dr. Sabben will read a communication on "The Consideration of Ritualism with reference to its Influence on Insanity." We cannot imagine a more interesting series of subjects than those thus chosen by the readers of papers; and, considering the position held by the writers, we feel sure that there is little chance of disappointment by the members of the Association who will find their way to the pleasant city of York. Nor is this all. Dr. Christie invites the members to the North Riding Asy-

lum, Clifton, where Dr. Clifford Allbutt, of Leeds, will give an ophthalmoscopic demonstration. During the visit of the Association, the Dean and Chapter have kindly thrown open the minster and crypt to members on presenting their cards; whilst on Monday evening, Aug. 2nd, Dr. Christie hopes to see them at a conversazione at the Assembly Rooms. With fine weather, the meeting this year at York ought to be a particularly pleasant gathering.

ST. LUKE'S HOSPITAL.

THE second of a series of concerts took place at this institution on Thursday in last week, when a number of *artistes*, both professional and amateur, exerted themselves with complete success for the entertainment of the patients. The music was delivered from a stage on which was represented the Garden Scene from "Faust." The trio between *Faust*, *Valentin*, and *Mephistopheles*, rendered by Messrs. C. E. A. Semple, J. Mombach, and G. A. Critchett, was rapturously encored, whilst the rendering of the part of *Margherita*, by Miss M. Hammond, elicited, perhaps, the most deserved applause of the evening. About 110 patients were present, besides about 60 visitors. The interest taken by the patients was gratifying in the highest degree, and contributed greatly to the success of the undertaking. All the performers, it should be added, rendered their services gratuitously. Great credit is due, we think, to Dr. J. Thompson Dickson, the resident medical superintendent, who has instituted these entertainments, for his constant endeavours not only to improve the reputation of this institution, but to add to the comfort and happiness of its unfortunate inmates.

THE POOR-LAW BOARD AND THE MASTER OF THE LAMBETH WORKHOUSE.

WE await with some anxiety the decision of Mr. Goschen in the case of the Master of the Lambeth Workhouse. It is now some months since this officer, whose career has been detailed to Parliament in the "Catch Papers," was charged, in conjunction with the assistant-surgeon, with having used an irritating gas, for the purpose of discovering and bringing down a pauper supposed to be hidden in a certain chimney. Some weeks ago the officers were called upon to resign, and the assistant-surgeon has already disappeared; but a remonstrance having been urged upon the Poor-law Board by the guardians, Mr. Goschen was induced to stay his hand, and to issue a fresh inquiry. That inquiry has now taken place; and it is only fair to all parties that the result should be made public as soon as possible.

Although not absolutely dangerous to life, the fumigation of refractory paupers by irritating chemical agents is altogether indefensible, and we look with confidence to Mr. Goschen, either to absolve the master from the imputation cast upon him, or to protect the defenceless paupers committed to his charge and protection from the manifest cruelty which such a mode of treatment indicates.

THE C.M. OF DURHAM UNIVERSITY.

WE cannot insert the half of the communications which reach us on this subject. Dr. Arnison writes to say that the holders of the surgical degree of the local university are eligible to the office of house-surgeon, but not to that of assistant-surgeon, or surgeon of the infirmary. Doubtless the gentlemen who have taken this degree will be thankful for small mercies, and comfort themselves with the thought that they are actually eligible for a house-surgeoncy in Newcastle. If they want the higher offices, they will have to become licentiates or members of one of the Colleges. How humble the medical teachers of the Durham University must be to ask so little recognition of their own degree. If they had only explained this beforehand, it would have been all right. Only then no one would have taken the degree. Henceforth they should append to the description of it, that it qualifies for the house-surgeoncy of the Newcastle Infirmary!

CENSURE OF A MEDICAL OFFICER BY GUARDIANS.

THE Manchester Board of Guardians have, with undue severity, admonished their medical officer, Dr. Ledward, as we learn from the *Manchester Examiner*, for an error of diagnosis. Dr. Ledward was asked to see a patient named Coulan, who had been insane twice in two years. The messenger who went for Dr. Ledward said that Coulan was bad in his old way, and could not be managed. Moreover, when Dr. Ledward reached him, he was a little impracticable, and obstinately refused to answer questions or allow himself to be touched or examined. The day before, being the 18th of June, he had been out walking the streets all day. Not very unnaturally, Dr. Ledward concluded that this man was having a recurrence of insanity, and certified accordingly. As it happens, he was wrong; for two days afterwards the man, on admission to the workhouse hospital, was covered with the maculæ of typhus, and he died in the fever ward four days afterwards. We shall not apologise for an error of diagnosis, especially where a very contagious disease is involved; but the circumstances were most misleading, and the mistake was not unnatural—the more so as, in all probability, the characteristic eruption of typhus did not exist when Dr. Ledward saw the case. The time of its appearance is about the fifth day. Moreover, it is probable that the peculiar mental constitution of this patient gave a peculiarity to the early manifestations of the disease. The early cerebral symptoms of typhus have sometimes a likeness to those of insanity. It is of course the duty and the interest of all doctors to be right in judgment, but we are not aware of anything in the contracts of guardians with their medical officers which entitle them to expect infallibility, and we consider their conduct here most uncalled for, especially after the candid explanation of Dr. Ledward.

NEW MIDDLE-CLASS ASYLUM.

A NEW lunatic asylum, said to be one of the most imposing buildings in the West of England, has just been opened at Wonford, in the parish of Heavitree, Devon. The "Wonford House Asylum," as it is called, has been erected by the managers of the asylum at St. Thomas, Exeter, and the change of site was decided on in consequence of the necessity for extending the accommodation available. Provision is now made for 120 patients, and all the structural arrangements appear to be of a superior order. The institution is specially intended for persons of the middle class.

A MEDICAL HERO.

WE are very glad to learn that an army medical officer displayed, during the late epidemic outbreak of cholera at the Gambia, such devotion and energy in the relief of the unfortunate inhabitants as to gain a very warm expression of approval and admiration from the administrating admiral to the Government. According to all accounts, the scene at the height of the epidemic beggared description. The disease was of a peculiarly fatal and rapid type. The people, miserably poor, wretched, and terror-stricken, endeavoured to elude attack by flight, and generally unsuccessfully. The corpses remained exposed for want of persons to inter them; and it was only by the courage and

energy of the few Europeans that the panic was ultimately overcome. During the height and throughout the whole period of the epidemic, Staff Assist.-Surgeon Waters was we are assured, untiring in his labours; and we hope that he may obtain the reward he merits in the form of promotion for his zealous and devoted services.

THE BIRMINGHAM MEMORIAL.

MEMBERS of the medical profession, to the number of 8066, in the three kingdoms, have authorised Dr. Bell Fletcher to add their signatures to the already historical memorial. Our Birmingham *confrères* have certainly set the example of foresight and energy, and they may fairly claim to be relieved of pecuniary liability incurred in an essentially public work. The expenses attendant upon the circulation of the memorial throughout the entire profession have been very considerable, and Mr. Arthur Oakes, of Old-square, Birmingham, has been appointed to receive contributions. The profession has no fund available for obtaining the new Medical Act, which is so much needed; and if those who cannot afford more will send the Birmingham treasurer a few postage stamps, and others aid in proportion to their means, a fund will speedily be raised to give practical effect to the principles of the memorial.

THE TRAINING OF NURSES.

WE regret to find that the West of England Institution for the Training of Nurses has, owing to want of support, ceased to exist. The staff have, however, transferred their services to Birmingham, where a similar institution has been established in connexion with the General Hospital. In its new locality, the institution bids fair to flourish and become a success. The want of skilled assistants is becoming more and more felt by the profession, and we heartily wish God-speed to unsectarian efforts to supply the need.

THE ANNUAL MEETING OF THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE wish to call particular attention to the annual meeting and dinner of this important Association. The meeting is fixed for five P.M. on Wednesday, the 28th inst., at the Freemasons' Tavern, and the dinner will follow at half-past six. The latter will be an occasion of more than usual importance, for we understand that seven members of Parliament have already announced their intention of being present, besides other distinguished non-medical gentlemen. This is a sign of the growing power and influence of the Association which we are very glad to observe. Dinner tickets (which should be applied for early) can be obtained from Mr. J. Norton, 38, John-street, Bedford-row, W.C.

UTILISATION OF SEWAGE.

THE Home Secretary has refused to sanction a loan for the proposed outfall into the Mersey for the West Derby sewage, on the broad ground that sewage should be utilised, and that the pollution of even so considerable a stream as the Mersey with sewage should be avoided.

THE VENTNOR COTTAGE HOSPITAL.

IT is very gratifying to find that the experiment of a National Cottage Hospital at Undercliff for Diseases of the Chest has proved highly successful. A second pair of buildings is to be immediately erected, and the Queen has graciously deputed H.R.H. the Princess Louise to lay, in her Majesty's name, the foundation stone on the 28th instant. Nearly one hundred noblemen and influential gentlemen interested in the institution are announced as stewards for the ceremony and the luncheon, at which Lord Eversley, the president of the hospital, will preside. The climate and charming scenery of the Isle of Wight peculiarly adapt it for cases of chest disease, and the cottage principle on which the hospital is constructed appears to us an admirable one.

THE last number of the *Journal of Mental Science*, edited by Drs. Robertson and Maudsley, and published by Messrs. Churchill and Sons, is, we think, an unusually good one. It contains an interesting article on Emanuel Swedenborg, by Dr. Maudsley; and a very thoughtful and able review and reply to the Archbishop of York's Address to the Members of the Edinburgh Philosophical Institution, "On the Limits of Philosophical Inquiry," by the same author; besides contributions from Dr. J. Thompson Dickson, the resident medical superintendent of St. Luke's Hospital, the Rev. W. G. Davies, B.D., and others.

AN interesting feature in the forthcoming meeting of the British Medical Association at Leeds, will be the setting apart of a day for papers and discussions on the Sanitary Administration of the United Kingdom, by such members of the Association present as are medical officers of health for metropolitan or provincial localities. Dr. Ballard and others have promised papers, and the idea of such a special congress, which was originated, we believe, by the President of the Public Medicine section, seems to be very cordially entertained. Thursday, the 29th, will probably be appropriated for the purposes of this discussion.

ON the retirement of General Peel from the representation of Huntingdon, it was determined to present him with a testimonial, and as the gallant General expressed a wish that it should take a form which would benefit the County Hospital rather than one personal to himself, a sum has been subscribed, and placed at the disposal of the hospital trustees, sufficient to purchase £1000 Consols, hereafter to be called the "Peel Testimonial Fund." A tablet commemorative of the circumstance has been erected in the hospital.

WE understand that Dr. Andrew Smart is a candidate for the chair of Pathology in the University of Edinburgh; and that upwards of 100 medical students, principally seniors, have signed a requisition to Dr. P. H. Watson to become a candidate for the chair of Clinical Surgery in the same University.

MR. JOHN LANGSTON, F.R.C.S., of Rochester, has been brought before the magistrates and fined for neglecting to forward to the registrar a certificate of a successful vaccination performed by him. Mr. Langston is one of the public vaccinators of his district.

THE *Scotsman* suggests that it is time the public should know something of what is being done or left undone as to the rebuilding of the Royal Infirmary of Edinburgh. Our northern contemporary's observations on this subject will, we trust, have a wholesome effect on the managers.

WE have received a copy of a "Memoir of the late Dr. Joseph Bullar, of Southampton," by Henry Dayman, F.R.C.S., which will no doubt be read by the numerous friends and admirers of the deceased physician.

WE are authorised to state that the Right Honourable the Lord Justice Selwyn, respecting whose health very serious but unfounded rumours have circulated during the past week, is doing well. He has submitted to a formidable operation; but no doubt is entertained of his recovery.

LAST week the annual death-rate in London was 21 per 1000; while in Paris it was 22, in Glasgow 30, in Edinburgh 33, in Liverpool 23, in Manchester 26, in Birmingham 16, in Newcastle and Leeds 24, in Bristol 20, in Sheffield 19, and in Bradford and Hull 21.

THE troops in the Madras command appear to be very healthy. No epidemic disease, we understand, occurred during the month of February among the British troops serving in that command; and no case of cholera has arisen, although that disease has been prevalent among the natives about Secunderabad for months past.

THE deaths of 2686 persons were registered in the eight principal towns of Scotland during the month of June, and the rate of mortality was far above the average of any corresponding month since registration began in Scotland. To the prevalence of cold northerly and easterly winds the unhealthiness thus indicated is mainly ascribed.

MEDICINE, DISEASE, AND DEATH.

(*Concluded from p. 66.*)

DR. ELAM holds that, if statistics be of any value, we are compelled to adopt one or other of these conclusions: either disease in the aggregate has vastly increased—"of which," he says, "we have no evidence whatever;" or the power of medicine in arresting it has materially diminished. Now about the increased or diminished prevalence of disease we have literally no facts, no statistics whatever, to guide us, in reference to the aggregate population of this country; but we have a strong impression that it will be found, on examination of records kept here and there in particular localities, that whenever the mortality has increased, disease has been unusually prevalent to an extent more than sufficient, or at any rate quite enough, to account for the rise in the death-rate.* It is, however, absolutely certain that whether or not disease is on the whole more fatal now than it used to be, neither Dr. Elam nor anybody else has any reliable means of knowing. We must wait until we have had a system of disease registration in force throughout the country, side by side with the registration of deaths, say for half a score years, before anybody can possibly be justified in saying that disease is more fatal than it used to be; and even then, before any charge of retrogression can be brought home to the profession in respect of disease treatment, it must be proved that the proportion of cases of disease brought under treatment has kept pace with the growth of population and with the increased susceptibility to disease resulting from unhealthy conditions of life.

Upon Dr. Elam's second proposition we have need to say very little, beyond expressing our surprise that so able a writer should have laid the slightest stress upon so weak an illustration as is afforded by the deaths ascribed in the registers to "old age" in support of the assertion that men die now at an earlier average age than they did thirty years ago. We have no evidence that Dr. Elam has gone into the elaborate calculations which alone would warrant him in speaking so positively upon this head; on the contrary, he appears to have relied solely upon the fact that in certain *selected* years the proportion of deaths among young children to the total deaths exhibited an increase, while among old people the proportion declined. No proper allowance is made for increase of population: to make the deaths at different ages in two of the selected years, 1858 and 1860, comparable with those in the other selected year, 1847, we are told that "about 12 per cent. should be deducted on account of the increase of population;" clearly implying a uniform rate of increase among persons through every group of ages, although our best statisticians have demonstrated over and over again that the young, middle-aged, and old show a very wide difference in their observed rates of increase at periodical census enumerations. It is much to be regretted that, prior to any exposition of his views about the testimony of statistics to the shortcomings of medicine, Dr. Elam should not have put himself through a course of study of the Reports of our chief vital statist, and so have avoided the palpable errors into which he has fallen. He has, for example, in the point now under consideration, relied exclusively upon the *mean age at death*, in stating that the deaths occurred (in later years), on the average, at an earlier age than formerly; whereas, in the Registrar-General's Fifth Report, and on many subsequent occasions, Dr. Farr has told us that the mean age at death is utterly fallacious as a test of the value of life in the abstract, much less of general or relative salubrity, among a population constituted as is that of this country. The deaths at different ages in given years must be considered relatively to the ages of the population out of which they occurred, if the true rate of mortality is required; and this Dr. Elam has omitted to take into consideration. The Census Returns of 1861 show that the average age of the whole population in 1851 was 26·4 years, and 26·5 years in 1861; and it would surely be as unreasonable to attribute this slight increase in the mean age of the living to improved medical treatment, as it is to ascribe a slight decrease in the mean age at death to the decline of the healing art.

Without admitting for a moment that rates of mortality give any necessary or reliable indication of disease treatment, we nevertheless subjoin the rates per 1000 of males at different ages relatively to the population in each of the three Census years—1841, 1851, and 1861; taking those years for the simple reason that they are the only ones in which we have any absolute knowledge of the distribution of ages amongst the living.

	1841.	1851.	1861.
All ages ...	22·38	22·76	22·68
0—5 ...	68·43	72·98	71·76
5—10 ...	9·56	8·69	6·74
10—15 ...	5·10	4·91	4·33
15—25 ...	8·11	7·76	7·28
25—35 ...	9·78	9·48	9·23
35—45 ...	12·17	12·36	12·65
45—55 ...	17·85	17·87	16·90
55—65 ...	31·37	30·31	30·08
65—75 ...	64·82	63·96	68·90
75—85 ...	142·66	140·55	146·54
85—95 ...	296·50	282·45	310·92
95 and upwards	431·64	419·37	448·35

These authentic statements of fact tell their own story. We may fairly point out, however, that, according to Dr. Elam's own reasoning, we may claim for Medicine, that although she may not have succeeded in reducing the mortality of infants and of sexagenarians, yet she appears to have had a triumph among the great bulk of the population between 5 and 60 years of age.

We must dismiss with few words Dr. Elam's endeavour to trace the effects of unsuccessful treatment in the increased mortality from certain diseases. He takes bronchitis as an example. He says that the proportion of deaths to each million of population rose from 135 in 1838, to 1968 in 1866; and gives the absolute deaths from this cause in certain years so selected as to make it appear that the increase was steady and continuous. With a reservation against being supposed to admit the force of any argument

* Since the above was written, Dr. Ballard's Annual Report on the Health of the Parish of St. Mary, Islington, during the year 1868, has come to hand; and as this very able health officer has for some years kept records of the cases of sickness arising in public practice within his parish, we may mention two or three facts taken from his Report which bear out what we have said in regard to the relation between greater or less prevalence of disease and a rise or fall in the death-rate. Thus in 1867 the public medical officers treated 34,692 new cases of disease, whereas in 1868 they were called upon to treat 40,302 of such new cases; the general death-rate of the parish being 19·9 per 1000 in the former and 20·7 per 1000 in the latter year. That is to say, the cases of sickness increased 16 per cent. in the year, and the deaths 9 per cent. Making full allowance for the fact that the deaths occurred amongst all classes of the Islington population, whereas the sickness only of the poor is taken into consideration, it yet appears to us that the facts do show an increased amount of disease which would more than account for the rise in the mortality of the parish. Dr. Philipson's Sickness Returns for Newcastle, those of the Manchester and Salford Sanitary Association, and of other health officers in this country, may also be appealed to in disproof of Dr. Elam's statement that disease has not increased.

drawn from the death-ratio of a disease so liable to be confused in the returns with other diseases, we give the mortality per million from bronchitis successively for each year, beginning with 1851 down to 1867 inclusive:—978, 953, 1237, 1092, 1467, 1144, 1341, 1509, 1332, 1648, 1558, 1617, 1574, 1894, 1754, 1968, 1902. We have no desire to use a harsh expression; but really it is too absurd to base any serious argument about the increased inefficacy of medicine upon so unsubstantial a foundation as is supplied by the fluctuating fatality of a disease dependent upon atmospheric and other conditions for its greater or less prevalence in successive years. Will any rational being believe, as Dr. Elam implies, that there has been no perceptible difference in the number of attacks of bronchitis occurring in these years? The mortality was less in 1867 than in 1866 from this cause. Is that result attributable to the increased efficacy of medical treatment of bronchitis? Is it not, in all probability, due rather to the fact that there were fewer persons attacked with bronchitis in 1867 than in 1866?

And here we must bring our examination of Dr. Elam's statistics to a close, having devoted so much space to their consideration out of respect for an esteemed and very able member of our profession, whose position might otherwise have led many readers to take his statements as expositions of a new and very startling discovery. We have taken pains to test almost every figure used by Dr. Elam by the light of official documents, and the result has been thoroughly and completely to satisfy us of their utter failure to establish either one or other of his propositions relative to the decline of medicine as a healing art.

DIRECT REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

AN important deputation from the British Medical Association waited upon the Lord President of the Privy Council in regard to this question on Monday last. Mr. Forster and Mr. Simon were present with Lord De Grey. The deputation, introduced by the Hon. C. P. Villiers, comprised the following gentlemen:—Mr. Cayley, M.P.; Mr. Bazley, M.P.; Sir John Hay; Mr. G. Dixon, M.P.; Mr. G. S. Wheelhouse, M.P.; Mr. J. Tollemache, M.P.; Mr. Davis, M.P.; Colonel Sykes, F.R.S., M.P.; Lord Robert Grosvenor, M.P.; Dr. Sibson, F.R.S., London; Dr. Carr, Blackheath; Dr. Holman, Reigate; Dr. Waters, Chertsey; Dr. Hogg, Royal Horse Artillery; Dr. Bryan, Northampton; Dr. Chadwick, Leeds; Dr. Butler, Woolwich; Mr. Heckstall Smith, St. Mary Cray; Mr. Christopher Nuneham, Wolverton; Mr. R. Ceely, Aylesbury; Mr. A. Napper, Cranley; Mr. H. Clayton, Birmingham; Mr. R. H. B. Nicholson, Hull; Dr. Stonard Edye, Exeter; Dr. Falconer, Bath; Mr. G. Southam, Manchester; Dr. Davey, Northwoods, Bristol; Mr. Vose Solomon, Birmingham; Dr. Bantock, London; Mr. Chas. Steele, Bristol; Dr. Williamson, Manchester; Dr. H. Simpson, Manchester; Mr. Bartleet, Birmingham; Dr. Purvis, Blackheath; Mr. Martin, London; Dr. Henry, London; Dr. Gibbon, London; Mr. Watkin Williams; Mr. T. Atcheson, Bengal Medical Service; Dr. Lingen, Hereford; Dr. Bright; Dr. Tilbury Fox; Dr. Jeaffreson, Leamington.

Dr. WATERS, who was the chief spokesman, thanked his Lordship for the kindness and courtesy with which he had so readily consented to receive a deputation, in order that the views of the British Medical Association as to the importance of the direct representation of the profession in the General Medical Council might be laid before the Government. He then proceeded to inform his Lordship of the composition of the Association, and the active part it had taken in matters of medical and sanitary reform, and the helping onward the passing of the Medical Act. Under discouraging circumstances, but for the stedfastness of the British Medical Association, the subject of medical reform would have been shelved for years. Private members, Mr. Headlam conspicuous amongst them, received the support of the Association; the corporations gave way in their opposition, and the Medical Act passed. This Dr. Waters thought was a striking illustration of the necessity of direct representation of the profession in the Council to counterbalance the influence of corporations and universities. Dr. Waters referred to the unanimous vote of the members of the Association at the annual meetings in Dublin in 1867 and Oxford last year in favour of the plan which they were prepared to recommend; the appointment of a sub-committee to take steps to give effect to the views of the Association; to the interview of the sub-committee with the General Medical Council last year, which body declined to accept the overtures then made to approve of the introduction of the representative principle into the formation of the Council in the new Medical Acts Amendment Bill, the preparation of which was then contemplated. Several members of the Council strongly supported the principle, but were defeated on the point of its not being the right time for the change. Dr. Waters concluded by impressing upon his Lordship the fact that there was not a dissentient voice in the General Medical Council itself as to the necessity for an alteration of the Medical Act; and all the Association sought was that direct representatives of the profession, elected by the votes of the registered members of the profession resident in the United Kingdom, should be added to the General Medical Council in the proportion of one-fourth of its number. The Association moved in the matter with the sole object of increasing the influence and authority of the Council, elevating the profession, and increasing its powers for good in relation to the public.

Dr. SIBSON, F.R.S., spoke of the Council first of all in relation to medical education, and observed that the repeated representation of the Association led to the passing of the Medical Act, and the formation of the General Council of Medical Education. With many of the results of that Act and much of the labour of the Medical Council the Association had great reason to be satisfied. But while considerable improvements had been effected by the existing Council in medical education, he was compelled to say that the present state of medical education was very defective. The defects were mainly of three kinds: The preliminary examination was open to the gravest objection. The number of examinations at different boards to which the student was obliged to submit before he could become a member of the profession was excessive. And, thirdly, those examining bodies which gave the greatest number of licences to practise employed the least practical tests of a clinical character. The students were not taken to the bedside of the patient and desired by the examiner to examine the case, make out its nature, and describe the characteristic symptoms and treatment of the disease. The student knew he would not be examined in the wards, and he deserted them and betook himself to books and teachers, whose whole business it is to prepare men to pass the examinations to which they were to be subjected. If it were otherwise the student would devote himself carefully to clinical work. The University of London and the College of Physicians were exceptions that deserved notice. Before the passing of the Medical Act it was the custom of students to pass through an apprenticeship with medical practitioners before resorting to the schools, and the young men acquired valuable familiarity with disease. This was lost to them now. The Association accounted for this state of things by the inadequate powers of the Medical Council to hold examining boards in check, and also, and not to a less degree, by the fact that the Council was itself composed of members elected by those very bodies that it was the duty of the Council to watch over, and to report to the Privy Council if the examinations were inadequate. The Association asked for the direct representation of the profession in the Council, and the machinery of the Medical Act had made it perfectly easy for the registered medical practitioners to record their votes by the simple and effectual means of nomination and voting-papers. It was not wished to override the important counsels of those distinguished men who were sent by the examining bodies into the Council, or to get rid of them or the Crown nominees. If one-fourth part of the Council were sent by the Universities, one-fourth by the medical Corporations, one-fourth by the Government, and one-fourth by the profession at large, there would be a body high in its knowledge of the science of medicine, capable of guiding medical education, and of controlling medical examinations. The Association contemplated the time when there would be one examining board in each section of the kingdom for admission of candidates into the profession, but objected to these being Government boards. They should be formed from the existing bodies, such as the College of Physicians, the College of Surgeons,

and the Apothecaries' Society. The examining board for the public services should be a Government board. Another scheme had been put forth at various times, and quite recently, for the representation of the profession in the Council. It required that all registered members or graduates of each Corporation should be entitled to vote in the election of its representative. "Your Lordship," continued Dr. Sibson, "will observe that this is a mere change in the mode of electing the members chosen by the Corporations and Universities. It substitutes the many for the present plan of the selective few in choosing these members. These members would still be the members of the Universities and Corporations; they would not, they could not, represent the body of the profession as a profession. The whole of the funds that supply the Council have been provided by the registered medical practitioners of the United Kingdom. This fact entitles the body of the profession to watch, through their representatives, the disposal of these funds."

Dr. CHADWICK, as the President elect, in a few words expressed his concurrence in all that had been said.

Lord DE GREY said that it could not be expected that he should express any opinion, especially as the subject was a new and difficult one to him; but he had been very glad to receive the deputation, and every consideration should be given to the views which had been placed before him.

THE ATKINSON MORLEY CONVALESCENT HOSPITAL, WIMBLEDON.

THIS institution—the first example of a convalescent institution in direct and immediate connexion with a metropolitan hospital—was opened on Wednesday last, the 14th inst., the anniversary of its benevolent founder's death. The ceremony, which was attended by many of the influential governors of St. George's Hospital, was unostentatious, and very properly included no expenditure of the funds of the charity in public feasting: the governors of St. George's Hospital, unlike the Metropolitan Board of Works, feeling that they would not be justified in spending any money for such a purpose.

The origin of the institution, and the benevolent intentions of its founder, are commemorated on a tasteful tablet placed in the entrance-hall of the building, from which we quote for the information of our readers:—

"Mr. Atkinson Morley, of Cork-street, Burlington-gardens, London, who died on the 14th of July, 1858, made certain bequests to his relatives and friends. Also bequeathed the sum of five thousand pounds, to found in University College, London, the Atkinson Morley surgical scholarships, the interest on three thousand pounds, to be annually divided among ten widows of tradesmen, parishioners of St. James's, Westminster, to be called Atkinson Morley's Widows' Fund. To Queen Charlotte's Lying-in Hospital, the Lock Hospital, St. Mary's Hospital, London, and the Royal Sea-Bathing Infirmary, Margate, one thousand pounds each. And directed 'that the residue of his property should accumulate for five years, and then be applied to the building and endowing of a hospital or house of reception, with suitable gardens and grounds, for the purpose of receiving and maintaining, and generally assisting, the convalescent poor patients from St. George's Hospital, until they shall be restored to strength and health, but that no such patient shall continue in such hospital for a period exceeding six calendar months; the property, and the exclusive control and management of the Convalescent Hospital to be vested in the corporation of St. George's Hospital, to be called Atkinson Morley's Convalescent Hospital.' The first stone of this hospital was laid on the 25th of July, 1867, by Henry Charles, Earl Cadogan, Vice-president of St. George's Hospital; and opened for the reception of patients on the 14th of July, 1869."

The hospital, a handsome brick building, is situate at Wimbledon, on elevated ground facing due south, and standing in its own grounds of twenty-eight acres. From the sloping nature of the ground, it has been necessary to excavate considerably at one extremity of the building, in order to obtain an even foundation; but this, though adding to the expense, has improved the dryness of the hospital, and has given it protection from the north-east. From the road the edifice is somewhat dwarfed, but from the south side its full proportions are seen, consisting as it does of three stories above the basement. The general plan of the building is a T, the cross-piece being elongated considerably. The upright portion of the T contains the entrance hall, with a committee room and the medical superintendent's room on either side, and a handsome chapel. The centre of the cross-piece is occupied by the private rooms of the superintendent and his wife—who acts as lady superintendent,—and on either side of these are the wards for the patients, male and female, corresponding precisely to one another.

The wards on each side of the ground floor consist of a small ward for five adult beds, or for a children's ward, measuring 47 ft. 10 in. in length, and 15 ft. in width and in height, and containing 11,212 cubic feet of air, or about 1121 cubic feet per bed. Beyond this, and separated by a nurse's room, is a splendid large ward for 20 beds, with a double open fireplace in the centre, supporting very ornamental flues, the ward being 79 ft. 10 in. long, 24 ft. 10 in. wide, and 15 ft. high, and containing, therefore, 29,837 cubic feet, or about 1492 per bed. Above this ward is a precisely similar one; and over the smaller ward are five small rooms for single patients, each containing 2850 cubic feet, and separated from the large ward by the nurse's room. The centre of the upper floor is occupied by a linen room, &c., and above this again are the rooms for the hospital domestics, and for the head nurse, who will not be required to do night duty. Each ward—or rather dormitory, for it will be used only for sleeping purposes except in cases of great weakness—is fitted with every convenience in the way of washing places, closets, &c., and a shoot is provided by which all dirty linen is passed at once to a special room in the basement, a similar contrivance being used for the conveyance of dust to the dust-bin. In addition to the double fireplaces (the contrivance, we learn, of Mr. Charles Hawkins), hot-water pipes are carried throughout the building, and there will, we believe, be no lack of warmth during the winter months.

On the basement, and on a level with the garden, there is on each side of the building a handsome day-room, measuring 49 ft. 8 in. long, 14 ft. 10 in. wide, and 12 ft. high; and in addition, and leading out of this, is a corridor, open at the sides, in which patients can exercise in wet weather. Here the meals will be taken; and the kitchen, with its scullery, larders, &c., is in close proximity, and is furnished with one of Warren's patent stoves, similar to those used in the army, by which the food of the inmates will be cooked. The grounds surrounding the hospital are undulating and well wooded, and are furnished with seats for the use of the convalescents. Quite away from the main building is a laundry, where it is intended to wash, not only the linen of the Convalescent Hospital, but also that of St. George's Hospital, by which a considerable saving will be effected. Here also an artesian well is being sunk, which will eventually supply the hospital with water, when the present supply from the Water Company will be discontinued. A commodious stable and coach-house for the horses and omnibus used in conveying the patients to and fro between Wimbledon and St. George's is placed close to the laundry.

The whole of the sewage of the hospital is conveyed by gravitation to a reservoir within a large garden at the lower part of the grounds, at present let to a market gardener, and here is utilised at a profit. The rain-water and surface drainage is not allowed to mix with and dilute this, but is separately conveyed to a neighbouring pond.

The accommodation afforded by the hospital is for one hundred patients, but it is proposed to admit only fifty at first, until the arrangements have been tested and the probable expenditure ascertained. Mr. Gregory Smith, F.R.C.S., has been appointed superintendent of the Convalescent Hospital, and will have charge of the patients under the physicians and surgeons of St. George's Hospital, who will visit occasionally, as may be necessary. The architects were Messrs. Kelly and Crawley of Thavies-inn, and the builders Messrs. Simpson of Baker-street; Messrs. Easton and Amos have undertaken the engineering work, and Mr. Potter, of South Molton-street, the apparatus for warming.

We congratulate the governors of St. George's Hospital

on having thus carried out the wishes of the benevolent founder of the Atkinson Morley Convalescent Hospital; and we feel sure that both they and the poor who will enjoy the benefits of the institution will appreciate the energy and skill with which the treasurer, Mr. Charles Hawkins, has brought the entire business to a successful issue.

Correspondence.

"Audi alteram partem."

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—The time seems to have arrived when it is incumbent on those who have taken pains to reflect upon the wants of the medical profession, to record their views as to the best means of meeting those wants.

I believe that nineteen-twentieths of the practitioners of these islands have come to the conclusion that the two things chiefly to be desired are—a modification of the Medical Council, and the establishment of a national examination to be passed by all before becoming entitled to registration, as being qualified to practise in medicine and surgery.

We have reason to be grateful to the Council for their labours in connexion with registration, preliminary education, and the Pharmacopœia; but there is an incurable defect in its structure. This defect is now patent to all, and consists in the fact that the majority of its members are representatives of corporations, and, in many cases, of only a small portion even of these. It is idle to expect from gentlemen so nominated, however learned and honourable, that they will be able to prepare, much more to carry out, a scheme for the education and examination of the whole body of the profession, the first effect of which would be the impairment and, in some cases, the abolition of the privileges and profits of the corporations they represent.

I will not speak of the conflicting interests which interfere with the fruitful discussion of such a matter in a Council thus composed. Let it be sufficient to state that the more efficient a member of this body might be as regards the protection of the interests of the general community, medical and non-medical, the more surely would he appear treacherous to his immediate constituents; the more surely would he forfeit their confidence. I assume this to be indisputable, and to form adequate proof of inherent defects in the composition of the Council.

The first necessity, then, is another method of electing this body. It is plain that it should be constituted of two orders only. One of these should be nominated by the Crown, the other by the profession. The former would be naturally insisted upon by the Government for reasons too obvious to mention. Such representatives, too, would be generally able and independent. The latter will ever be insisted on by the medical profession, as affording the only guarantee that their wants are understood and sincerely defended. It is superfluous to add that no Examining Board or University would be allowed to be directly represented on this Council.

Some persons have professed to find much difficulty in understanding how the profession could be convened for voting purposes. It is scarcely worth while to waste space in showing the futility of this objection in these days of reformed Universities. The first Crown nominees and registrar may be named in the Bill, and be empowered to issue voting-papers to all registered medical men. From that moment it would become one of the duties of the Council itself to take their votes from time to time in a prescribed manner.

The next necessity is, a more limited number. The present Council is, from its size, cumbersome and costly. Surely sixteen members would be enough, either for deliberation or executive purposes. What is wanted is not a large, but an effective body. The less the number, the less the conflict, and the more the work.

The third necessity is a close relation with the Government. The Medical Council should be a branch of the Privy Council. The Lord President should be the organ of the former in all questions involving the interference of the Legislature. In this way, the humiliating circumstances of the last few years would be obviated, and the affairs of the profession be transferred from the control of the most overworked of the Secretaries of State to one of the least employed of the Ministers.

I have not stayed to consider the plan of conjoint representation of the corporations and the profession. It is already an anachronism. Medical men would have been contented with this, I doubt not, five years ago; but events are marching now to another goal. The results of such a plan could only be palliative. Our radical evils would be scarcely touched by such tinkering of the Council, which could only terminate in unbounded talk and bitter animosities. It is satisfactory to observe that the Lord President has noted in no doubtful terms the propriety of reconstituting the governing body of the profession. If we are to have another Bill, let us start afresh, and not introduce elements which we already know to be destructive of our most cherished aim. What is this aim?

I have stated that the second thing desired is a national examination to be passed by all previous to obtaining the State licence to practise. It would be more correct to say that this is the grand cry, the cherished aim of our brethren. A change in the Council is wanted only as a means of obtaining this end. It is literally true that the instincts, the common sense of the profession, see in this the only cure of our manifold evils. But sincere medical reformers see something more than this: they know that the welfare of the public is here one and the same with the interests of the profession. The statesman and the physician find at last a point of union.

Let me try to describe our present system as it will be viewed by the historian a hundred years hence. It will be recorded that in the middle of the nineteenth century it was thought right that London should possess four modes of making medical men, Dublin five, and Edinburgh three. But it was not deemed sufficient to limit the granting of licences to practise medicine to metropolitan cities. Glasgow opened wide three portals of admission; Aberdeen was permitted to flood the nation with graduates; the highly-important town of St. Andrews, with no pretensions to the possession of the means of teaching, had the faculty of introducing into the ranks of physic all who valued their time and money more than the possession of learning. Of course the two ancient English universities, situated in towns of the fifth magnitude, possessed the power owned by their Scottish sisters, though the general line of study favoured by these corporations flowed in a groove which had no relations with the demands of medical science. A new university was established in Durham, which was allowed to grant medical degrees, the estimation of which was so low that the surgical degree was not considered sufficient qualification for the junior house-surgeoncy of the neighbouring Newcastle Infirmary. Some of these examining bodies were also teaching bodies; others took no cognisance of teaching. Some put a high price on their licence or degree; others a low one. Some demanded a severe test of preliminary scientific and scholarly knowledge; others a test that proved nothing; a few exacted no evidence whatever of the possession of such knowledge. It was, therefore, not thought disreputable for a medical man to write bad English, to be ignorant of the principles of mechanics, or of the derivation of the technical words of his own calling. The curriculum of study, and the standard of examination, of these various boards were so diverse, and in many cases so contemptible, that it is quite certain there was often a greater difference between the qualifications of a London University graduate and a member of the London College of Surgeons or the Glasgow Faculty of many letters, than between one of these last and a totally unqualified practitioner who had conned over prescriptions in a druggist's shop. The result of this state of affairs was natural. The teachers in schools were apathetic. Students crammed at the last moment a little medical stuff into their brains, mainly under the guidance of a curious variety of man, long since extinct, called grinders. No attempt was made, with one exception, to ascertain the practical—or, in other words, the real—available knowledge of candidates for admission, so that one of the greatest teachers of the

day, Sir W. Jenner, publicly declared that students could not be induced to attend the hospital wards, where alone such knowledge could be acquired. Matters came to such a pass that the public services were obliged to have an examination of their own, in order to obtain a guarantee of the fitness of medical men to treat soldiers and sailors, denied to the civil portion of the community. All feeling of *esprit de corps* was rapidly vanishing from the ranks of this learned profession. Public bodies openly condemned their pretensions. Any attempt to inflict legal penalties upon ignorant pretenders to medical knowledge was viewed by the people with resentment. The difference in culture and scientific attainment between many of the licensed and unlicensed seemed scarcely worthy of being noted.

I could easily add to this picture of ourselves as we shall appear to posterity, but enough has been drawn to show that the remedy required is the one now so earnestly sought by our brethren—a State Examination Board, alone possessed of the power to grant a licence to practise.

It would be desirable that the new Act and the new Council should be respectively termed simply, "for the regulation of the medical profession." The preamble would indicate the subjects of education, examination, registration, the revision from time to time of the Pharmacopœia, and of the nomenclature of diseases for State purposes, as the main material of the Act; but it would only prolong the present state of embarrassment were the Council again constituted, as regards the Act, merely as a Council *ad hoc*. Its powers should be ample enough to enable it to cope with the changing needs of the profession, without requiring incessant Amendment Acts. If it should be formed in the manner I have indicated as regards the Government, no difficulties would arise in this aspect. The sanction of the Lord President would imply that of the Government of the day.

I venture to advise my brethren to concentrate their exertions on these two points, and to show more determination to modify the Council, and change the mode of entrance into the profession, than to insist upon the infliction of penalties on those outside. The latter is desirable in view of the public welfare; but the greater the prominence given to it, the less our chance of having our greater wants responded to by the House of Commons. Our first and great duty is to amend ourselves. We shall then prosecute the unlicensed with a good conscience, and carry all men of sense with us.

I am, Sir, your obedient servant,

Birmingham, July 12th, 1869. THOS. P. HESLOP, M.D.

HELP FOR SICK AND WOUNDED SOLDIERS.

To the Editor of THE LANCET.

SIR,—Will you do me the favour to make known, through the medium of THE LANCET, an approaching exhibition of sanitary *matériel* at The Hague, under the direction of the Committee of Help for Sick and Wounded Soldiers. The following is a translation of a letter which I have just received from the International Committee of Help for the Wounded, at Geneva.

I am, Sir, your obedient servant,

Naval and Military Club, July 10th, 1869. C. J. BURGESS, Late Captain and Adjutant of Volunteers.

To the Presidents and Members of the Central Committees of Help for Sick and Wounded Soldiers in different countries.

GENTLEMEN,—We have the honour to inform you that an Exhibition of *matériel* of Societies of Help for Wounded Soldiers will be opened at The Hague on the 1st September next, under the auspices of the Committee of that town. At the same time will take place the first general meeting of the Sub-Committees of the Low Countries, and the seventh session of the International Statistical Congress.

The Dutch Central Committee does not pretend to give to this undertaking the character of a universal prize meeting. Its object, essentially national, is at the same time to show what resources Holland can offer for the service of the wounded, and to encourage the perfecting of sanitary *matériel* in that country. With the latter view, the Committee of The Hague would attach much value to objects which may serve as guides or models sent by foreign exhibitors.

In transmitting their wish to the Central Committees of different countries, we ask them to give it all desirable publicity, and to further as much as possible the praiseworthy efforts of the Dutch Committee. If Societies of Help are to aid each other in time of war, they should show the fraternal sentiments which actuate them by giving mutual assistance on such occasions as may offer in time of war.

A Special Commission nominated by the Committee of The Hague is charged with the organisation of the Exhibition, under the presidency of Lieutenant-General Van Meurs.

Articles which it is proposed to send should be advised before the 4th of August, and forwarded between the 16th and 21st of August, addressed to the "Secretary of the Commission at The Hague, at the Académie de dessin," to whom any communications relative to the Exhibition should be addressed.

Receive, gentlemen, the assurance of our highest consideration,

(Signed) for the International Committee,

Geneva, July 1st, 1869. G. MOYNIER, President.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE Queen's College at last finds itself in a more satisfactory position, financially speaking, than it has enjoyed for some years, for a fairly accurate account of the College debts has been obtained. These debts, including the expenses of the litigation of the last two years, amount to some £8000. To meet this sum the College possesses some £12,000 in the Great Western Railway, and the College buildings and freehold site. The most feasible plan for paying off the debts proposes to raise £6000 on the security of the railway property, and to appeal to the public for the remaining £2000. The interest derived from the £12,000, together with the College income, would suffice to pay the endowed officers, to carry on the College, and to form a sinking fund for repaying, in the course of years, the borrowed £6000. Some legal difficulties in the way of this plan will, it is hoped, be obviated. The College meanwhile is doing very good work, and the medical department has had a most successful year, no less than 26 students having passed the first examination at the College of Surgeons. The London University matriculation examination has again, after a ten years' interval, been held at the College. A slight change in the professorial staff will be made before next session, as Professor Bracey has expressed a desire to be relieved of part of the duties of the Chair of Anatomy. Mr. West, the senior surgeon of the Queen's Hospital, Mr. Goodall, and Dr. James Hinds, the senior demonstrator, are spoken of as candidates. As the composition fee for the lectures in the medical department was raised last year, this year it has been thought desirable that the fee for the hospital practice at the General and the Queen's Hospitals should be made more nearly equal. The Queen's Hospital fee has been hitherto only twenty guineas for the three years' practice, while that of the General Hospital has been thirty-seven guineas. Whatever may have justified this difference in the past, it is thought that now a single neutral school exists, the difference is out of proportion to the merits of the hospitals, and the Queen's Hospital authorities have suggested an increase of their fee up to £30. The Council of the College have not as yet confirmed this, as the increase appears to them too great. The feeling of the profession in Birmingham, at all events, is not in favour of cheap medical education, and it is felt strongly that the fees of the two clinical hospitals should be nearly equalised.

At West Bromwich the funds for the local hospital continue to grow. The site will cost £900, and the building about £5750. The subscriptions promised amount to £6750, of which the working men make up £1828. An idea seems, however, to exist in the minds of the working men that, by subscribing to the hospital, they will be enabled to dispense with their club surgeons. This opinion should be

corrected, unless the hospital be opened on the provident system. There has also been some talk of withdrawing the annual honorarium now paid to the medical officers. It is to be hoped that this course will not be adopted, and that the benefits of the hospital will be strictly confined to those unable to pay for medical advice, otherwise the West Bromwich surgeons will find themselves, when their hospital is in full work, very much like the frog in the fable, who wanted a king, and elected a crane.

The quarter just closed has left Birmingham still the most healthy of our great towns, the death-rate for the quarter having been only at the rate of 18·3 per 1000; and the death-rate for the past six months has been but 19·5 per 1000, a death-rate 20 per cent. lower than that of any other of the great towns.

Birmingham, July 12th, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

M. JULES GUÉRIN ON ANIMAL VACCINATION.

On Tuesday M. J. Guérin resumed, at the Academy of Medicine, his discourse on Human and Animal Vaccination. At the preceding meeting he had discussed the facts of the degeneration of the human vaccine and the transmission of syphilis by vaccination: he now proposed to bring under review both kinds of vaccine, to show their several characteristics and compare their effects. First, he insisted on their difference of origin. Animal vaccination, he said, such as is at present employed, is a vaccine excited experimentally; it is an artificial morbid product. Human vaccine, on the contrary, is derived from spontaneous cow-pox. The former, inoculated directly from the heifer to man, undergoes no modification and preserves its original properties. The second, on the contrary, is transformed in passing through man; it has lost something of the animal in which it took birth, and has become humanised, so to say, in its evolution through the human tissues. For it must not be forgotten that Jenner's first inoculations were effected, not from the pustules discovered on the animal, but from those which had developed on the hands of individuals who had been in contact with the cows. There exists, therefore, in this kind of vaccine a modified human element which is absent in animal vaccine, as has been shown in Chauveau's experiments.

The phenomena which manifested themselves after inoculation with either kind of vaccine equally displayed the radical difference which distinguished them. In animal vaccine the period of incubation was more protracted; that of eruption shorter; whilst the virulence of the vaccine was almost ephemeral. Even the most ardent advocates of animal vaccination had admitted these facts. In animal vaccine the period of incubation lasted from seven to ten days; in human vaccine, from three to five. The rapid course of the eruption observed in animal vaccine was a sure sign of its weakness and inferiority. And so the duration of virulence was less in animal than in human vaccine. It lasted but from the fifth to the seventh day, at the latest; the liquid must be then hastily collected and utilised, otherwise it lost all its virtue; whereas, in human vaccine, the virulence lasted seven or eight days, and even the desiccated pustules might serve for inoculation. Lastly, the virulence of animal vaccine was so feeble and subtle that it could not be transported and kept for use in glass tubes. M. Depaul, amongst others, had inferred from the protracted duration of the period of incubation in animal vaccine that this kind of vaccine was possessed of great virulence. It was quite the contrary, as had been incontestably shown in a discussion at the Société Médicale des Hôpitaux; the more intense the virus, the more rapid the morbid manifestation. On the other hand, the greater vitality and vigour of the virus of human vaccine manifested itself in the duration of the period of eruption.

It had been asserted that animal vaccination was attended by the local production of larger pustules than in human vaccination; but the results which had been obtained in Belgium, where comparative experiments had been performed with pure animal vaccine and hybrid vaccine, and the facts which might be witnessed every day in the vaccine institution of the Academy, obviously showed the contrary. Even admitting, however, the production of larger pustules with animal vaccine, it would not prove the greater intensity of this kind of vaccine. The beautiful appearance of the pustules was not always a certain mark of their virulence.

Turning from these considerations to the experience of various observers, M. Guérin said the magnificent results which the public vaccinators in France obtained every day with human vaccine (as was shown in the reports which they sent in to the Academy) proved conclusively the good effects of human vaccine. It evidently exerted its preservative influence over millions of beings; whilst the like effect of animal vaccine was yet to be shown. M. Guérin had consulted on this important point several of the hospital physicians of Paris, and had come to the conclusion that animal vaccination had completely failed in their hands, and was now discredited in their minds. M. Lallier, of St. Louis Hospital, had even gone further, and had openly expressed his misgivings with regard to animal vaccination. He had stated that in the last epidemic of small-pox animal vaccination had not been a success, and required a careful surveillance.

Such is a faithful *résumé* of M. Guérin's chief remarks on the subject. I have perhaps accorded to them a greater extension than my space would allow; but as the subject is a very important one, and quite *à l'ordre du jour*, I believe I am justified in having done so. Without wishing to comment upon the value or correctness of M. Guérin's arguments and objections (which my readers will do for themselves), and without any desire to put in a word for this or that kind of vaccine, I may just state that, even admitting the non-degeneration—nay, the greater intensity—of human vaccine, as long as there is a fear lest inoculation with human vaccine may contaminate the blood, and introduce syphilis or some such disease into the organism, the preference must obviously be given to animal vaccination, wherein no such danger exists. There lies the gist of the question. M. Guérin, however, is quite tranquil on this head. He is perfectly satisfied that vaccinal syphilis is a myth. With M. Guérin all the cases of syphilitic contamination which have been observed until now were simply instances of *pseudo*-vaccinal syphilis. At the preceding meeting of the Academy, he carefully examined and criticised the different cases which have been observed since Blot's and Ricord's negative observations in 1865. In all the various series of cases he discovered facts which weaken their value and their authenticity. Either the whole number of the alleged contaminated individuals had recovered completely without the employment of any specific treatment, or nothing suspicious could be observed in the children who had served to vaccinate the others; or the symptoms and lesions supposed to be syphilitic must be put down to the account of reigning epidemics, such as diphtheria or pemphigus, &c. Of course there may be much truth in these remarks; and so-called cases of vaccinal syphilis require to be studied with peculiar care. But as long as there exists the shadow of a doubt with regard to the risk of contamination, animal vaccination will have the preference, and the most eloquent efforts of the acute and ingenious Academician will, I am confident, not impair the favour which it at present enjoys with both the profession and the public.

Paris, July 14th, 1869.

CHARING-CROSS SCHOOL OF MEDICINE.

THE prizes to the students at this school were distributed on Monday by Professor Owen. The board-room of the hospital was crowded by an audience evidently, in great measure, composed of the mothers and sisters of the prizemen, whose names we subjoin from the official list:—

The Governors' clinical silver medal to Mr. Kidd; in the class of botany, a silver medal to Mr. Noakes, and certificates of honour to Mr. Leigh, Mr. Drake, and Mr. Graham; in the class of materia medica and therapeutics, a silver medal to Mr. Atkinson, and certificates of honour to Mr. Leigh and Mr. Noakes; in the class of midwifery, a silver medal to Mr. Towt, and a certificate of honour to Mr. Conolly; in the class of pathology and morbid anatomy, a

silver medal to Mr. Hyde, and a certificate of honour to Mr. Conolly; in the class of forensic medicine, a silver medal to Mr. Conolly, and a certificate of honour to Mr. Rix; in the class of practical chemistry, a silver medal to Mr. Leigh, and a certificate of honour to Mr. Noakes; in the class of senior anatomy, a silver medal to Mr. Leigh, and a certificate of honour to Mr. Walker; in the class of junior anatomy, a bronze medal to Mr. Routh, and a certificate of honour to Mr. Taylor; in the class of chemistry, a silver medal to Mr. Lea, and certificates of honour to Mr. Taylor and Mr. Whitelam; in the class of senior medicine, a silver medal to Mr. Gosse, and a certificate of honour to Mr. Towt; in the class of junior medicine, a bronze medal to Mr. Gravelle, and a certificate of honour to Mr. Leigh; in the class of senior physiology, a silver medal to Mr. Noakes, and certificates of honour to Mr. Drake and Mr. Burroughs; in the class of junior physiology, a bronze medal to Mr. Chittenden; in the class of surgery, a silver medal to Mr. Hyde, and certificates of honour to Mr. Towt and Mr. Kidd.

The proceedings were terminated by an interesting address by Professor Owen, whose great finish as a speaker has seldom been more happily displayed; and by a vote of thanks to him for his kindness in presiding.

Obituary.

JAMES YEARSLEY, M.D., M.R.C.S. ENG.

DR. YEARSLEY began his profession as a pupil of the late Mr. Fletcher, a celebrated surgeon of Gloucester, whose daughter he subsequently married. On leaving Gloucester he became a pupil at St. Bartholomew's Hospital, and, becoming qualified, commenced practice in Cheltenham, his native town. He soon removed to Ross, where he purchased a practice; but finding his health unequal to the calls of a country surgeon's work, he removed to London upwards of thirty years ago. At that time little attention was paid to aural surgery, and it was almost entirely in the hands of unqualified persons. Following out the views of Kramer and others, especially as regards catheterism of the Eustachian tube, he insisted greatly on the connexion between deafness and disorders of the throat and the stomach. As is well known, he practised tonsillotomy extensively. His most important contribution to aural surgery is the discovery of the artificial tympanum, which was in this wise. An American gentleman consulted him for deafness caused by scarlatina, and accompanied by otorrhœa and destruction of the membrana tympani. From him he learnt the fact that he could at any time restore his hearing by passing a little wetted cotton-wool down to the drum. Cases of deafness of this kind are among the most troublesome met with in practice; and Dr. Yearsley saw that the cotton-wool acted as an artificial tympanum. He tried it on other cases, and found that, by arranging a film of cotton daily, all cases of this kind could be relieved. This valuable generalisation was acted on by others, and the late Mr. Toynbee, especially, had an artificial tympanum constructed in imitation of the real membrane. Dr. Yearsley, to whom the parent idea belonged, always preferred the wetted film of cotton, as being more cleanly, and never producing inflammation. Besides his practice in diseases of the ear, Dr. Yearsley started the *Medical Circular*, a journal subsequently amalgamated with the *Dublin Medical Press*. He was also the proprietor of the *Medical Directory*, which, although he did not originate it, was brought to its present maturity under his management. This work was probably the precursor of the Medical Registration Act, as it showed the advantages of placing the whole profession in one recognised list.

Dr. Yearsley died on the 9th inst., aged sixty-four, and was buried on Wednesday, at Sutton Bonnington, Nottinghamshire, of which parish his eldest son is the rector.

DEATH OF DR. VAN ROOSBROECK.—This eminent opthalmologist has just died at Ghent. He was oculist to the King, and professor at the Faculty. The deceased was particularly noted for his vast medical knowledge, and was not cramped by the specialty in which he was eminently skilful.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examination in Anatomy and Physiology at meetings of the Court of Examiners on the 13th, 14th, and 15th inst.:—

Francis Seymour, Alfred Matcham, Bentham P. Morison, Henry G. Biggs, Frederick G. Passmore, and James Reed, of Guy's Hospital; Edwin Doudney, of Bristol and Charing-cross; Richard G. Griffiths, Walter May, James Morgan, Arthur L. A. Forbes, and Thomas Power, of Dublin; Edward D. Wallis, Alfred W. Harding, David A. Davies William W. Westcott, Alfred F. Holden, and Frederick P. Johnson, of University College; William Holder, and T. St. Clair Healey, of Hull; Thomas J. Barnardo, and John W. Fordham, of London; Alexander Burger, of Bonn; Henry M. Chute, of Bristol; William Kelly, of Liverpool; Charles F. Webb, and John Fisher, of King's College; Richard T. Manson, and Arthur H. Walpole, of Newcastle-upon-Tyne; George J. Chadwick, of Manchester and Guy's; Garden M. Grant, and A. E. Hayes, of St. Mary's; Robert B. Wybrants, of Cambridge and Dublin; John P. Cartwright, Maldon J. Dempsey, Louis H. Tosswill, and M. T. West, of St. Bartholomew's; Henry C. Moore, Egerton C. A. Baines, and Thos. Wolverson, of Birmingham; Chas. A. Rayne, of Manchester and University College; Alfred B. Norman, of St. George's; Robert Hoadley, of Philadelphia and Middlesex; David D. Wilson, of Glasgow; Henry Priestley, of Sheffield; Monkhouse Whitfield, Edward Roberson, and W. M. Atkinson, of Charing-cross.

Of the 88 candidates admitted to examination on the above-named days, 40 failed to satisfy the Court of Examiners, and were referred for a period of three months' further anatomical and professional study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 8th:—

Ballantine, George, Westbourne-square.
Drew, Alfred Stanbanks, Stow-on-the-Wold.
Hallam, Arthur, Sheffield.
Hudson, Hubert Ernest, Cranbrook.
Jones, Richard Mansell, Denbigh.
Manby, Alan Reeve, East Rudham.

As Assistants in Compounding and Dispensing Medicines:—

Airey, George, Wigan.
Chilwell, Joseph, Tamworth.
Masson, George, London-bridge.
Stooke, Arthur, Old Ford.
Twemlow, Richard, Manchester.

The following gentlemen also on the same day passed their first examination:—

F. P. Deshon, of Middlesex Hospital; J. T. Leigh, of Charing-cross Hospital; T. P. Lucas and Thomas May, of Westminster Hospital; Henry Boyes Mugliston, of London Hospital; Sydney Parsons, of University College Hospital.

PROSECUTION UNDER THE MEDICAL ACT. — At Lambeth Police-court, on Tuesday last, Mr. William Bramley Taylor, of Pine-house, Camberwell-park, was charged under the Medical Act, the 21st and 22nd of Victoria, cap. 90, by summons, with wilfully and falsely pretending to be a surgeon. Mr. Ingram, barrister, appeared for the complainant, Mr. William Francis in support of the summons. Mr. Pritchard was for the defendant. The complainant stated that on a plate on the door of the house of the defendant was the word "surgeon." Mr. Trimmer produced the "Medical Register," and proved that the defendant's name did not appear in the same. Mr. Ingram submitted that he had proved that the defendant had acted in contravention of the Act. Mr. Pritchard, on the part of the defendant, called his father, Mr. Taylor, who stated that the defendant had passed his examination, but was not enabled to pass the College of Surgeons until November last. He had acted under his directions. He had put up his name, and, although he was aware of the Act, he did not know he was offending against the law. Mr. Pritchard contended that the statute did not apply to the present case, as the defendant had not wilfully or falsely pretended that he was a surgeon. Mr. Elliott was of opinion that the offence was proved, and inflicted a penalty of £5 and two guineas expenses. The money was paid.

THE foundation-stone of the new London Orphan Asylum, at Clapton, was laid by the Prince and Princess of Wales on Tuesday last.

A DEALER in oils has been fined £20 by the Wednesbury magistrates for a breach of the Petroleum Act.

DR. LETHEBY has reported to the City authorities that, during the past fortnight, the inspector had examined seventy-nine vessels in the river, and found only one in a defective sanitary condition.

ARISTOCRATIC CRUELTY.—In an account of some recent international pigeon-shooting a reporter states that the Prince of Wales looked well, and "evidently enjoyed the skilful and harmless pastime." All that we question in this statement is the applicability of the epithet "harmless" to a pastime in which 242 birds out of 353 were killed. Even among the 111 who got away there must have been a good many who had reason to consider that, in regard at least to themselves, the proceedings had not been altogether "harmless."—*Pall Mall Gazette.*

Medical Appointments.

ATKINSON, J., L.K.Q.C.P.I., L.M., has been appointed Medical Officer to the Constabulary, Athboy, Co. Meath, vice J. Nolan, M.D., deceased.

BEALE, Dr. L. S., Physician to King's College Hospital, has been elected Professor of Pathological Anatomy.

CATON, R., M.B., C.M., has been appointed Assistant-Surgeon to the Liverpool Infirmary for Children, vice H. G. Rawdon, M.D., L.R.C.P.Ed., promoted to Surgeon.

COGAN, Mr. L. F., has been appointed Assistant House-Surgeon at the General Infirmary, Northampton, vice Mr. S. Walker, resigned.

COOPER, F. W., L.R.C.S.Ed., &c., has been appointed Public Vaccinator for the Wanstead and Leytonstone District of the West Ham Union.

COXWELL, J. E. G., L.K.Q.C.P.I., has been appointed Medical Officer for the Heavitree District of St. Thomas's Union, Exeter.

DRUITT, Dr. R., has been elected President for 1869-70 of the Metropolitan Association of Medical Officers of Health.

EDIS, Dr. A., has been appointed one of the Honorary Physicians to the British Lying-in Hospital, Endell-street, vice J. Edmunds, M.D., resigned.

GOVETT, P. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 5 of the Plympton St. Mary Union, Devon, vice King, resigned.

HAY, Mr. R. T., has been appointed House-Surgeon to the London Hospital, vice Viall.

HAYES, P. J., L.R.C.P.Ed., has been appointed a Surgeon to the Mater Misericordiæ Hospital, Dublin.

HOCFORD, Mr. T., has been appointed House-Surgeon to the London Hospital.

HUNT, C. W., L.F.P. & S.Glas., has been appointed Medical Officer and Public Vaccinator for the Farnborough District and the Workhouse of the Hartley Wintney Union.

JAMES, J., M.R.C.S.E., has been appointed Medical Officer to the Glyncorrwg Coal Company, near Briton Ferry, Glamorganshire, vice Moore.

JEFFERISS, R. R., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Dalkeith, Edinburghshire, vice John Lucas, M.D., deceased.

KELSEY, Mr. W., has been appointed Resident House-Surgeon's Assistant and Dispenser at the Worcester General Infirmary, vice Harding, resigned.

MACALISTER, A., M.D., L.R.C.S., has been appointed Professor of Zoology and Director of the Museum in the University of Dublin.

MACDONALD, J. C., M.R.C.S.E., has been appointed House-Surgeon to the South Staffordshire Hospital, Wolverhampton, vice Robert Hughes, M.R.C.S.E., appointed Medical Officer for District No. 7 of the Woodbridge Union.

MOORE, G. B., M.D., has been appointed Medical Officer for the Workhouse and Fever Hospital of the Cootehill Union, Co. Cavan, vice J. Riddell, L.R.C.P.Ed., resigned.

O'DONNELL, H. J., F.R.C.S., late Clinical and Assistant-Surgeon, Ophthalmic Hospital, has been appointed Honorary Surgeon to the Royal South London Ophthalmic Hospital, St. George's-circus.

OPPENHEIM, L., M.R.C.S., has been appointed Honorary Assistant-Surgeon to the Royal South London Ophthalmic Hospital, St. George's-circus.

SAINSBURY, H., L.R.C.P.Ed., has been appointed a Justice of the Peace for the Borough of Romsey.

SMITH, H., M.B., M.R.C.P., Assistant-Physician to the Hospital for Women, has been elected Physician to the British Lying-in Hospital, vice G. C. P. Murray, M.D., resigned.

SMITH, J. H., M.B., late Assistant Medical Officer at the Royal Asylum, Aberdeen, has been appointed Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum, vice H. C. Gill, M.R.C.S.E., appointed to the North Riding Lunatic Asylum, Clifton.

SPANTON, W. D., M.R.C.S.E., has been appointed Surgeon to the North Staffordshire Infirmary, Etruria, vice Walker, resigned, and appointed Surgeon Extraordinary.

SWAN, T., M.D., has been appointed Medical Attendant to the Abbeyleix Constabulary, vice J. H. Sheppard, L.R.C.P.Ed., deceased.

THORNE, Dr. R. T., has been appointed Assistant-Physician to the London Fever Hospital, vice H. W. Broadbent, M.D., promoted to Physician.

TIDSWELL, T. H., M.R.C.S.E., has been appointed Medical Officer for the Moulton District of the Spalding Union, Lincolnshire.

WALKER, J., M.R.C.S.E., has been appointed Surgeon Extraordinary to the North Staffordshire Infirmary, Etruria, on resigning as Surgeon.

WATSON, E., M.R.C.S.E., has been appointed Medical Officer for District No. 9 of the Newmarket Union, vice J. Packard, M.R.C.S.E., resigned.

WATSON, W. C., L.R.C.P.Ed., has been appointed Medical Officer for District No. 2 of the Hawarden Union, Flintshire, vice J. D. Weaver, M.R.C.S.E., deceased.

WATTS, W. F., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Dewsbury District of the Dewsbury Union, Yorkshire, vice W. H. Thornton, M.D., resigned.

WEBSTER, T. J., M.R.C.S.E., Medical Officer for the Penderyn District of the Merthyr Union, has been appointed also to the Rhigos District, vice W. Rhys, M.R.C.S.E., resigned.

WILLIAMS, Mr. D. T., has been appointed Medical Officer and Public Vaccinator for the Western District and the Workhouse of the Gower Union, Glamorganshire, vice Davies, resigned.

WOOLLETT, J. M., M.R.C.S.E., has been appointed a Justice of the Peace for the Borough of Monmouth.

WRIGHT, S. H., M.B., C.M., has been appointed Assistant-Physician to the Royal Asylum for the Insane, Edinburgh, vice P. M. Deas, M.B., appointed Resident Medical Superintendent of the new Cheshire Lunatic Asylum, Macclesfield.

Births, Marriages, and Deaths.

BIRTHS.

BARRAS.—On the 9th inst., at Broomloan, Govan, the wife of James Barras, M.D., of a daughter.

GOODE.—On the 7th inst., at Derby, the wife of Henry Goode, M.B., of a son.

GREEN.—On the 7th inst., at Settle, Yorks, the wife of Edwin S. Green, L.R.C.P.Ed., of a daughter.

HUNTER.—On the 7th inst., the wife of Wm. M. Hunter, M.D., of Eckington, Derbyshire, of a son.

LINDSAY.—On the 14th inst., at Hanwell, the wife of J. Murray Lindsay, M.D., of a daughter.

WARD.—On the 7th inst., at the Royal Arsenal, Woolwich, the wife of Wm. P. Ward, M.R.C.S.E., Surgeon-Major Royal Artillery, of a son.

MARRIAGES.

GOOD—DAY.—On the 1st inst., at Alvediston, Wilts, Dr. Joseph Good, of Wilton, to Harriette Elizabeth Anne, daughter of W. Day, Esq.

KENNEDY—KENNETT.—On the 10th inst., Alfred Henry Kennedy, L.R.C.P., to Hester Delina, daughter of the late C. Kennett, Esq.

RAYNER—COLES.—On the 1st inst., at Hackney, John Rayner, M.D., of Highbury New-park, to Frances, daughter of the late W. B. Coles, Esq.

DEATHS.

BURNSIDE.—On the 7th inst., at Delaune-road, Kennington-park, Matthew Burnside, Surgeon R.N. (1st July, 1813), retired list, aged 74.

CRANKE.—On the 2nd inst., R. Cranke, L.R.C.P.Ed., L.R.C.S.Ed., of Ulverstone, Lancashire, aged 29.

FROYSELL.—On the 14th inst., at the residence of Mr. Henry Gibbons Stafford-street, Wolverhampton, Joseph Froysell, M.D., formerly of Willenhall, Staffordshire, in his 63rd year.

ROBERTSON.—On the 10th inst., at Woodside-place, Glasgow, G. Robertson, M.D.

SMAITH.—On the 7th inst., at Boston, Lincolnshire, Frederick Smaith, B.A., M.D., in his 63rd year.

STEPHENSON.—On the 14th inst., at Mile-end-road, James Stephenson, M.R.C.S., L.S.A., aged 42.

WHITFIELD.—On the 7th inst., Henry Whitfield, M.R.C.S.E., of Ashford, Kent, aged 63.

Medical Diary of the Week.

Monday, July 19.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, July 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, July 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, July 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, July 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 24.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

WATER TROUGHS FOR CATTLE.

LORD GROSVENOR, the President of the Metropolitan Drinking Fountain and Cattle Trough Association, has appealed, through *The Times*, to the public for contributions in aid of the funds, which are inadequate to the present and increasing requirements the Association has to meet. During the past twelve months 9 drinking fountains and 31 water troughs have been added to those previously provided by the Association, which has now under its charge altogether 123 fountains and 125 troughs. It was at first contemplated to supply the troughs from the waste water of the fountains; but the boon to animals has been so great as to render an independent supply necessary for the troughs, and in some cases the water consumed at a single trough costs as much as £30 a year. As to the consumption by human mouths, it is estimated that nearly 300,000 persons drink daily at the 123 fountains, and this alone should commend the objects of the Association to all possessed of means to help forward works of real utility and beneficence. But the provision for the wants of the poor dumb creatures driven, weary and frightened, through our crowded streets, and for the multitude of apparently unowned (at any rate little cared for) dogs and cats which one sees in the poorer localities, is the one which, to our minds, gives Lord Grosvenor's appeal its greatest force, and we earnestly hope it will be liberally responded to.

Beta.—In reviewing books we do not consider it our duty to make particular allusion to errors of grammar or spelling. In the case alluded to, a part of the fault may be due to the printer; but the author cannot be wholly acquitted of blame. It has been said that every man thinks he can make a speech or write a leading article until he has tried it. The writing of good English is a science, and one not to be learned in a moment, or practised without instruction. It were much to be wished that many of the gentlemen who rush into print could go to school again. We should thus understand better what they mean to say, and the result might be equally advantageous to them and to the public.

Verax complains that Mr. Mountain's handbills are still being distributed freely.

THE letter respecting St. Bartholomew's Hospital shall appear next week.

MEDICAL AND SURGICAL DICTIONARIES AND THE OLD AUTHORS.

To the Editor of THE LANCET.

SIR,—I venture to suggest that "bibliographers" might greatly facilitate the studies of old and young practitioners by inserting in their Dictionaries short records of the histories of the old masters of our science and art, together with references to the libraries where their works may be found (as per catalogue), and to publishers, if any, where they may be purchased. Country practitioners, actively engaged in the most arduous, yet least remunerative, duties of their profession, frequently neglect to report their failures in difficult cases, for the reason that they cannot readily lay hold of information which would render their communications publishable and useful without at the same time subjecting them to the hostile criticism of the learned but unpractical cynic. It has been remarked that "new and rare cases are often misunderstood, and the faults we commit in treating them are then very excusable. We ought, however, to record them with care, since they contribute to the progress of art and to the interests of humanity." I know of many cases the history of which would have been published with benefit to the profession, and no discredit to the surgeons, if the operators could have commanded ready access to the literature bearing on the subject.

I am, Sir, yours obediently,
Clay Cross, July, 1869. W. J. WILSON, Surgeon.

Undergraduate.—1. Dr. Pereira's "Materia Medica and Therapeutics," fourth edition; and Dr. Headland's "Action of Medicines," fourth edition.—2. Leptandrin is an extract obtained from Leptandra Virginica, a plant common in the United States. It is emetic and cathartic.

Lincoln Assizes.—Linseed oil consists of oleic acid, margaric acid, and glycerine. It is fattening if taken in small doses; in large doses it acts as a laxative on the bowels. It cannot be used as a substitute for cod-liver oil. We are not aware that any injurious vapours are evolved during the crushing of linseed.

THE SERPENTINE.

WHEN we wrote last week, congratulating ourselves that the Serpentine was about to be robbed of its terrors to humanity, we could not possibly foresee that within a few hours of our words being before the public, another victim to that treacherous lake would be sacrificed. The record of the occurrence is very simple. A young man, named Eldred, a shoemaker, living in Gray's-inn-road, got out of his depth while bathing in the Serpentine on Sunday morning, and was drowned. Nothing more than that, if we except the fact that the poor fellow was not rescued because the Royal Humane Society's boatmen were busily occupied in saving the lives of two other bathers, who were in danger of being drowned at the same time.

Mr. Bickersteth's communication on the "Carbolised Catgut Ligature" is in type. In common with several others, its appearance has been postponed owing to the pressure on our columns by the lengthy reports of the proceedings of the Medical Council.

L.R.C.P.—The usual course is to put a brass-plate on the door.

VITAL STATISTICS OF TOWNS.

ON the vote for the General Register Office taken in Committee of Supply on Monday evening last, Mr. Candlish urged the Home Secretary to extend the area over which the vital statistics of large towns are published weekly; and he instanced the cases of Merthyr Tydfil, Stoke-upon-Trent, and Sunderland as being specially worthy of the Registrar-General's notice. Mr. Bruce, in reply, said that the only objection which could be raised to the suggestion was one of expense, as he had been informed by the Registrar-General that to extend his list of towns would involve some serious addition to the present expenditure. The Home Secretary, however, promised to make further inquiry, and it is not impossible that the difficulties alleged may prove to be surmountable. We cannot have too much, or too often repeated, information about the health statistics of all our towns, and we would gladly see a little more attention directed to this end at Somerset House. The greatest obstacle, indeed the only one worth notice, in the way of supplying this information, lies in the uncertainty about the limits of many towns and of the present population of them all. This is a matter upon which we hope to touch on a future occasion; for it is one of very great importance as affecting the statistics of mortality.

A Constant Subscriber to THE LANCET.—In the first case we think our correspondent could claim the fee; in the second, success would be more doubtful, as there seems to have been no engagement.

R. N., (Lyme Regis.)—We are sadly tempted to make a little fun out of our correspondent's suggestion; but we must content ourselves by assuring him that it would have no effect whatever.

UNPROFESSIONAL ADVERTISING.

M.D., (Hastings.)—Our respected correspondent objects to our recent propositions respecting the advertising of medical works, that the appending of a recent critique in THE LANCET to the advertisement of a work advocating the advantages of retaining fecal matter within the living body would have saved him an expenditure of 10s. 6d. in the purchase of the work in question. Precisely so; but it is hardly necessary for us to call attention to the fact that the critique, being unfavourable, has *not* been appended to the advertisement; nor are we aware of any means of compelling authors to advertise adverse as well as laudatory reviews. If "M.D." can point out any method, we shall be happy to adopt it; but it must be remembered that the advertising department of a journal is quite distinct from its critical management.

LIME-JUICE AND LEMON-JUICE.

THE following letter has been forwarded to us for publication:—

Fairy Bank, Dunoon, Argyleshire, 12th July, 1869.

SIR,—I beg leave to submit, for the information of the Board of Trade, the report of the inspection of lime- and lemon-juice for the Clyde District of Ports for the six months ending the 30th day of June, 1869.

The juice inspected was entirely that obtained from lemons, all of it being of excellent quality, and generally much above the required standard.

The quantity examined was 76 casks (or 7240 gallons), each of which was subjected to a separate analysis.

The average specific gravity of the 76 samples was 1039·6; the average dry residue from one ounce by measure was 4·78 grains (or 28·77 grains in 20 cubic centimetres); and the average proportion of anhydrous citric acid was 31·43 grains per ounce, equal to 34·38 grains of crystallised citric acid. It thus appears that of the dry residue or solid matter in the juice, 84·9 per cent. consisted of crystallised citric acid.

It must be satisfactory to observe the gradual improvement in the quality of the juice inspected since the Act came into operation. During the first half year ending 30th June, 1868, the proportion of juice rejected was nearly 30 per cent. of the whole; for the next six months the proportion was 15 per cent.; and during the last half year all the juice has been of the required strength.

The condition of the juice has also improved very much, the whole quantity inspected during the period of this report being fresh, and in every respect of first-class quality.

The quantity of spirits inspected, to be used in fortifying the juice, amounted to 16 casks (or 1524 proof gallons); the whole consisted of rum, generally from the British possessions, and was found fit for the purpose.

I have the honour to be, Sir,
Your obedient servant,
JOHN REID, R.N., Surgeon,
Inspector of the Clyde District of Ports.

To the Assistant-Secretary, Marine Department,
Board of Trade.

A PAIR OF SCOUNDRELS.

AT the Warwick Assizes, last week, two men, named Fowkes and Bailey, were charged with attempting to procure abortion in a young girl who had been seduced, and who was with child by Bailey. Fowkes, it seems, ostensibly kept a newspaper shop; but in a back room were found "certain medicines, books, and instruments for procuring abortion," and he it was who operated on the girl, who was induced to consent thereto by the threat of Bailey that he would not marry her unless she did so. For the defence it was urged that the woman was a consenting party; but the jury found both prisoners guilty, and Mr. Justice Brett sentenced Fowkes to ten years' and Bailey to five years' penal servitude.

T. S. G.—It is proper for a medical man, when sent for by the patient of another medical man, to take steps to see that the latter is duly and respectfully informed of the fact. Moreover, there should be no eagerness, but reluctance, to take the patient of a brother practitioner.

M.D., A.B.—If our correspondent apply to the Spanish Consul, he may get the necessary information.

INFANT LIFE PRESERVATION BILL.

THIS Bill on Tuesday evening shared the same fate as had already befallen the greater part of the batch of legislative propositions submitted this session to the House of Lords by the Marquis Townshend. Designed especially to put a check upon "baby farming," the Bill was so unskilfully drawn as that, had it been carried, it would have made unlawful the taking charge by "any person" (including, as Lord Salisbury pointed out, the child's mother) of "any child" under five years of age for the purpose of nursing, without having previously obtained the authorisation of a justice of the peace. Another objectionable feature was indicated by a noble Lord—namely, that all nurses in workhouses and hospitals would have to be licensed. We counsel Lord Townshend to leave the initiation of legislative protection for infant life to some one more competent than he has shown himself for grappling with the difficulties inherent in a delicate and complex subject.

London.—The University of St. Andrews designs to confer the degree on ten men of professional position and experience. We presume they would not be hard upon such men in their examination, though sharp eyes are upon the working of this regulation.

Mr. Charles Fryer, (Manchester.)—Apply to the Director-General of the Army Medical Department, 6, Whitehall-yard.

The Rev. Dawson W. T., (Liverpool.)—Our correspondent's courteous note has been received. We are glad if our notice has been of any service, as it seldom happens that non-professional persons display so much skill and judgment in the arrangement of medical knowledge.

H. P——t. — No; not necessarily.

Mr. Jas. Goodman, (Manchester.)—We should think not; but it is quite impossible to pronounce any opinion without first seeing the individual. Take him to some respectable surgeon in the neighbourhood.

An Old Subscriber.—At 32 A, Euston-square, St. Pancras.

CERTIFICATES IN LUNACY.

To the Editor of THE LANCET.

SIR,—About two years ago a woman in this district attempted to commit suicide by jumping into a well. Fortunately it contained but very little water, and she was taken out again without any serious injury. She was committed to Bicton Lunatic Asylum on a certificate, in which I stated inferentially, from facts communicated to me by others, that she was insane, not having witnessed any overt act of insanity myself. This certificate was strongly objected to by the officials connected with the asylum, because it did not contain a statement sufficiently explicit to meet the requirements of the Commissioners in Lunacy of facts indicating insanity observed by myself. Had I happened to have seen the woman jump into the well, no difficulty would have arisen, although it would not have altered the condition of the woman one whit. As it was, very considerable difficulty and trouble ensued before the woman was allowed to remain. I believe she is still there. Had the strict letter of the Commissioners' law been enforced, she would probably have effected her purpose at some subsequent time, when the well contained more water. You kindly allowed a notice of the case to be made in THE LANCET shortly afterwards, and, if I recollect rightly, your opinion coincided with that of the Commissioners. Dr. Forbes Winslow also alluded to the case in the *Pall Mall Gazette*.

Since then a somewhat similar case has occurred in this district; but in this instance it was attended with fatal results. About three weeks ago I was sent for to a man who had attempted to drown himself, but he did not at that time succeed. On examination, I could not detect any symptoms of insanity. I sent for the relieving officer, who provided a person to watch over him, and I visited him from time to time, but still without detecting symptoms of insanity. Had an order been made to admit him into any asylum, it would have been invalid, in consequence of the regulations of the Commissioners. Not having the protection of an asylum, his dead body was found in a pond near the town on Saturday last.

Now, with all due deference to the Commissioners, to whom I have forwarded a notice of this case in my quarterly report, I venture to submit that their regulation, requiring a medical certificate to contain facts indicating insanity observed by the medical man himself, should be so far modified in those cases where symptoms of insanity are not readily detected, that the certificate should be considered valid if it contained an *opinion* of the medical attendant, founded on facts indicating insanity observed by others, that the patient was a person of unsound mind. In such a case the magistrate and medical officer, in committing a person of unsound mind to an asylum, would be in no greater anomalous position than the Commissioners in Lunacy and the medical officers of asylums themselves are when they receive patients, and form their opinions of their insanity inferentially from facts communicated by others, without being able to detect symptoms of insanity for some time after their admission. It is well known to all who have had experience in cases of insanity that the symptoms indicative of it are neither detected nor developed in many instances for a considerable time after attention is directed to a case. Such cases may not inaptly be termed instances of *latent* insanity. At all events they occur in monomania.

I am, Sir, your obedient servant,

Ludlow, June 23rd, 1869. HENRY MEYMOTT.

A Fellow.—The Fellowship of the Faculty of Physicians and Surgeons of Glasgow is a *surgical* qualification, registered as such, and so regarded by the Poor-law Board.

Dr. Williams, (Menai Bridge.)—Our correspondent's communication has been received, and shall be inserted as soon as the woodcut has been prepared.

SURGEONS TO SHIPS.

"*Flying Fish.*"—We concur with our correspondent in his construction of the agreement. The passage back we regard as part of the remuneration for his services on the voyage to New Zealand. His case should be a warning to others to have a still more explicit agreement that work done on the return voyage is to be paid for.

THE LUNACY OF BISHOPS.

A CURIOUS part of the Archbishop of Canterbury's Bishops Resignation Bill is that which provides that the lunacy of a Bishop is to be attested by an Archbishop and two Bishops. Whether it is thought that the lunacy of Bishops is a thing *sui generis*, and only capable of recognition by dignitaries of their own order, we do not know; but if the Archbishop thinks so, we can only hope that he will be disabused of his prejudice before the Bill passes through committee. It would, no doubt, be improper to declare Bishops mentally incapable upon any but the best evidence, such as suggested by Lord Powis, that of the Commissioners in Lunacy; but to make Archbishops and Bishops authorities in such a question, is a proposal which could only come from Bishops themselves. The Bishops have enough to do now without undertaking the most difficult duties of another profession. The sanity of Bishops would not often be called in question. They are as privileged to talk and act foolishly with impunity as any other class; but when a question of sanity does arise, it should be settled by authorities capable and above suspicion.

The Rev. E. H., (Sevenoaks.)—There is an apparatus, called "The Tolliter," for lifting invalids, invented by the late Rev. W. Hearne, which would answer our correspondent's purpose. Its price is from six guineas upwards, and the agents for it are Messrs. Maw and Son, Aldersgate-street, City, and Messrs. Cooper, 8 and 9, Great Pulteney-street, Golden-square.

M.D. St. And.—Our correspondent's suggestion, unfortunately, has not the least chance of being acted upon.

QUESTIONABLE ANNOUNCEMENTS.

To the Editor of THE LANCET.

SIR,—Who is Dr. Wolfe, recently come to Glasgow? His advertisements of the enclosed type have appeared for these eight or nine months past in every newspaper along with tradesmen's announcements. The high sounding title of an "Ophthalmic Institution" is given to his consulting rooms.

Yours, &c.,

July, 1869. A COUNTRY SUBSCRIBER.

*** We have received letters from numerous correspondents on the above subject, who all concur in making much the same statements. We have likewise received extracts from the advertising columns of the local papers regarding the Ophthalmic Institution in question. We think Dr. Wolfe ought to lose no time in affording some explanation of the circumstances. If he terms his private consulting rooms in Bath-street "The Glasgow Ophthalmic Institution for Diseases and Injuries of the Eye," according to the heading on an admission paper forwarded to us, he has, in our opinion, no right to do so.—ED. L.

Mr. Jos. Hall, (Stepney.)—Without knowing anything of his capacities, qualifications, and character, we could not advise. The army, in our opinion, affords a better opening for young men than is generally supposed. If a young fellow is steady and intelligent, he is sure to be soon made a non-commissioned officer, and, in the scientific corps particularly, the pay is anything but bad.

WHAT DOES IT MEAN?

WE have received a marked copy of the *Western Daily Standard* of July 7th, directing our attention to the following announcement, apparently made by authority of the gentleman referred to. What its exact significance may be, we are not magicians enough to unravel:—

"We are requested to announce that Dr. Budd has been compelled by circumstances not calculated on to abandon his holiday tour.—ADVT."

THE Blackburn Infirmary has fallen into such an embarrassed financial condition that only the most vigorous measures for recruiting its funds can prevent its being closed altogether. We hope to hear that a successful effort has been made to avert so untoward an occurrence.

PRESCRIBING DRUGGISTS.

WE think the attention of the Medical Council might be directed to the following circular, if only on account of the "advice gratis," and the entire disregard of the existence of a "*British* Pharmacopœia." Arthur Binstead, Chemist and Druggist, 10, Well-street, Hackney, after announcing the fact of his having purchased the business at the above address, goes on to say:—

"All prescriptions confided to his care are dispensed according to the *London Pharmacopœia*, so that the *intention* of the physician *are* strictly carried out.....

"A. B. having been educated under *several eminent medical practitioners*, flatters himself his experience of medicines is of no ordinary nature, in addition to which he is in possession of numerous valuable recipes for the cure of neuralgia, hay fever, English cholera, indigestion, &c. &c.

"N.B.—His celebrated family aperient pills are made from the recipe of the late Dr. Sir John Forbes.

"*Advice given gratis* to the poor every morning from 9 to 10; evening, 6 to 7."

AN OMNIBUS GRIEVANCE.

THE General Omnibus Company have hit upon a style of omnibus which is calculated to reduce their dividends for the summer quarter. That would be a slight matter if the health of the public also were not involved. They have succeeded in so constructing their newer omnibuses as to absorb as much heat and to exclude as much air as possible. On Monday last the air of these omnibuses was like that of a badly ventilated Turkish bath. The new windows are fixtures—they cannot be opened; and the feeling of closeness produced by this arrangement on a hot day is intolerable.

MIDLAND BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

AMONG the notices of several interesting and important papers, &c., which were to have been brought before the annual meeting of the Midland Branch of the above Association, held in the Board-room of the Leicester Infirmary on the 8th instant, we perceive that a new splint for club-foot was to have been shown by George Grewcock, Esq., of Nottingham. We presume that we are not in error in supposing that Nottingham does not contain two Grewcocks, both of whom are gifted with similar inventive faculties; and, if we remember aright, Mr. Grewcock announced that a splint for the cure of club-foot was to be seen in some chemist's window in Nottingham, where the public, it may be supposed, first enjoyed an opportunity of beholding the work of their townsman's hand. Under these circumstances the exhibition of the instrument in question was not very complimentary to the members of the Midland Branch of the Association.

Dr. Wm. Ewart, (Wigton.)—We quite agree with our correspondent as to the value of earth-closets under the conditions he refers to; but at the present time we are almost overwhelmed with pressing claims upon our space, and therefore we regret to be unable to find room for his remarks.

THE RUTHIN INQUEST.

To the Editor of THE LANCET.

SIR,—Having noticed a few remarks in your "Answers to Correspondents" relative to the Ruthin inquest, I think it only just to Dr. Pierce, the coroner, to state that at the late Trinity Quarter Sessions for the county of Denbigh, the magistrates of the county fully upheld their officer in his decision, and the report concludes:—"The whole Court fully agree with the coroner that he could not have done better, and commend him for his energy and determination in the discharge of his duties. They were satisfied he had a right and proper knowledge of the duties of his office, and had maintained its dignity, and gained his point under most trying difficulties, and deserved the greatest credit." This is most creditable to the justices, and ought to be recorded.

Your obedient servant,
London, July 13th, 1869. S. DAY-GOSS, M.D., F.R.G.S.

EXTRAORDINARY CASE OF ACCOUCHEMENT.

UNDER this heading, we read in the *Sheffield and Rotherham Independent* of the 8th instant an account of a case in which the Cæsarean operation was resorted to in consequence of deformity of the pelvis. Our object in alluding to it is to express our opinion of the very objectionable nature of such paragraphs in the newspapers. We can scarcely believe that infirmary surgeons would be guilty of indulging in such questionable announcements; and we hope, and believe, that the physicians and surgeons whose names are mentioned in connexion with the case have had nothing whatever to do with the appearance of the paragraph in question.

M.D.—We think the University of London would meet our correspondent's views.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I was called professionally to see the son of a Mr. —— at 5.30 this morning. I got out of my bed, and attended the patient immediately. He was suffering from convulsions, and required all the attention that could be devoted to his case. After my visit I was informed that a rival (excuse the word rival)—I mean a medical gentleman—had been previously called in; but who was told his advice was no longer required. Notwithstanding his being told that he was no longer required, and that another medical gentleman had been of necessity called in, he still persists in attending. This treatment I have been frequently subjected to during the twenty-three years' residence here. "By their fruits ye shall know them" is a sacred saying, but one, nevertheless, not much honoured in practice. Your giving publicity to this may be the means of the rival desisting from his very unprofessional conduct.

I am, Sir, yours truly,
Rothbury, June 24th, 1869. JOHN TODD, L.R.C.P., &c.

Dr. Wright, (Gainsborough.)—If our correspondent will refer to the report of the proceedings at the Lambeth Police Court, in *The Times* of the 14th instant (a notice of which is inserted in our present number), he will see a case very much in point. An unqualified man cannot legally place upon his door a brass-plate, with "M.D., Physician and Surgeon," following his name; nor is he permitted to sign his name to death certificates, appending such titles. It is needless to add that he could not legally hold the appointment of medical officer to a Club. The Medical Act, 21st and 22nd Vict., cap. 90, was framed to prevent persons from assuming titles and qualifications which they do not really possess; and we think that, if the facts stated by our correspondent can be proved, the individual in question could be successfully prosecuted under the Act.

D. E. R. F.—We know nothing of the individual, and we entertain very considerable doubts about the utility of "gas" of any sort in the disease in question.

Mr. S. W. Burton, (Belgrave-road.)—The agent used in the case mentioned is not a new discovery, and it would not, in all probability, have prevented the fatal occurrence alluded to by our correspondent.

A QUERY.

To the Editor of THE LANCET.

SIR,—Would any of your readers be kind enough to inform me if in their practice they have met with concretions in the intestinal canal, consisting principally of snuff, or partaking much of its characters.

Yours sincerely,
Burnley, Lancashire, July 5th, 1869. STUDENT.

CALIFORNIAN MEDICAL JOURNALISM.

THE Editors of the *California Medical Gazette* are certainly an example to the craft. As a rule, they regularly send into the world an excellent journal, from which we have more than once had pleasure in making extracts; but the rule is not without exception. On one recent occasion they altogether refrained from publishing, on the plea, if we remember rightly, that they wanted a holiday. Still more recently they have prefixed to their leaders the following notice, which is itself, curiously enough, ushered in by a misprinted quotation from Horace:—

"We apologise to our readers for some verbal and typographical errors which appeared in our last number. After the copy had been sent to the printer, we both left town for our holiday, and the proofs were not corrected as they ought to have been.

"We felt a blush when we saw these errors in print; but probably should have passed it over in silence if we had not been pounced down upon by the *Daily Times*, of this city, with a rudeness and vulgarity that, happily, one but rarely sees in the press of the present day. 'Is' occurs instead of 'are;' and instead of Glisson's capsule, the printer puts it thus: *glessons*. For this the editor is accused of being deficient in the 'rudiments of an English education,' of being 'captious,' 'arrogant,' 'controversial,' &c. &c."

It is impossible to edit among the rigid proprieties of London without casting longing glances towards freedom such as this; and we cannot avoid in some degree envying our Transatlantic contemporary, although we despair of ever being able to follow its example.

Mr. H. Mackay, (South Stockton-on-Tees.)—We do not see any illegality in the act of sale. This quality would attach to the acts of the person buying if he used titles falsely, and he could make no legal claim.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

ERRATA.—In our last impression, page 39, line 24, 2nd column, for "extensive tenderness," read "*excessive* tenderness."—Page 41, line 10, for "arterial trunks," read "arterial *branches*."—Also, in the annotation headed "A Doctor's Gift to his Village," for "Hedenhill, Dumfriesshire," read "*Thornhill*, Dumfriesshire."

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Brodhurst; Dr. Rumsey, Cheltenham; Dr. Hyde Salter; Dr. Wright, Walkingham; Rev. R. D. Graves, Hanford; Dr. S. Day-Goss; Mr. Cummings; Mr. Davis, Brecon; Mr. Gaines; Mr. Bickersteth, Liverpool; Mr. Bingley, Waltham; Mr. Dowse; Dr. Hughes, Llangollen; Mr. Brocklebank; Mr. H. Mackay, South Stockton; Dr. Garrett, Hastings; Dr. Edmunds; Dr. Bennett; Mr. Bear; Mr. Joubert; Mr. James; Dr. Gibson; Dr. Collins; Mr. Roe; Dr. Curran; Mr. Fould; Mr. Anderson; Mr. Howard; Dr. Ewart, Wigton; Mr. Freeman, Wolverhampton; Dr. Hunter, Eckington; Mr. W. Francis; Dr. Madge; Mr. Aubrey; Dr. Myers; Dr. Murray Lindsay, Hanwell; Mr. Hall; Dr. Heywood Smith; Dr. Steele; Mr. Pearse; Dr. Macalister; Dr. M'Cabe; Mr. Sanby; Mr. Pritchett; Mr. Gibbons, Wolverhampton; Mr. Goodman; Mr. Bacot; Mr. Balmer; Dr. F. Pratt, Cardiff; Dr. More, Rothwell; Mr. Mitchell; Dr. Muspratt, Liverpool; Mr. Terry; Mr. Reid; Dr. Struthers; Mr. F. W. Cooper, Leytonstone; Dr. Grierson, Thornhill; Mr. Evans; Mr. Thomas, Aberystwith; Dr. Morris, Blackpool; Mr. Wall; Dr. Bacon, Fulbourn; Mr. Burgess; Mr. Tuxford, Boston; Mr. O'Donnell; Mr. Lockey; Dr. Speedy, Plumstead; Dr. Murray, Newcastle; Mr. Newey, Birmingham; Mr. H. Commins; Mr. Howden, Montrose; Mr. R. F. Hay; Mr. Allen; Mr. Barber; Mr. Grafton, C.E.; Dr. Heslop, Birmingham; Dr. Edis; Mr. Dayman; Mr. W. L. Scott; Mr. Temple; Mr. J. D. Hill; Mr. Phillips; Mr. Hosford; Mr. Moone; Mr. W. H. Brown, Lyme Regis; Dr. Green, Settle; Mr. B. Samuel; Mr. Foulkes; Mr. Blasson; Dr. Snaith, Boston; Mr. Tomlinson; Mr. Thompson, Ealing; Mr. Lydney, Everton; Mr. Jackson; Mr. Hosking; Mr. Empson; Dr. Williams, Menai Bridge; Dr. Clark, Chesterton; Mr. Young; Mr. R. Leon, York; Mr. Ronaldson; Mr. Fryer; Mr. Grant; Dr. Leslie; Dr. Holroyd; Dr. Davis, Cincinnati; Mr. Mills; Mr. Moore, Douglas; Dott Prospero Sonsino, Firenze; F. E.; Æsculapius; A. Z.; Veritas; M.D. St. Andrews; Alpha of Liverpool; X.; M.D., A.B.; An Old Subscriber; T. S. G.; A Public Vaccinator; Aliquis; Flying Fish; A Constant Subscriber; Medicus, Lanark; Undergraduate L.R.C.P.; A Middle-aged M.D.; District Medical Officer; Verax; H. C. A Fellow; M.D.; &c. &c.

Brighton Guardian, Merthyr Express, Bucks Herald, Gateshead Observer, New York Medical Record, Liverpool Albion, Manchester Daily Examiner, Lincolnshire Chronicle, Tavistock Gazette, Leeds Mercury, York Star, Chicago Medical Times, Scarborough Gazette, Western Daily Standard, South Durham Mercury, Poor-Law Chronicle, Brighton Gazette, and *Scotsman* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.